

Credit Application

Please Note: Forms found on pages E-8 and E-10 must be completed and signed before credit can be approved!



Company Name _____
 Contact _____
 Position _____
 Address _____
 City _____ State / Zip _____
 Business Phone (____) _____
 Fax (____) _____
 Email _____

SECTION A - REQUIRED INFORMATION

Tax Exempt Yes No

If yes, attach a copy of exemption certificate.

Type of Ownership Corporation Partnership Individual

Type of Business Welding Distributor Medical Supply

Fill Plant Beverage Carbonic Specialty Gas Filling

Other, please list _____

NECESSARY ACCOUNTS PAYABLE INFORMATION NEEDED BELOW:

Accounting Contact Person _____

Email _____ Phone (____) _____

Preferred Method of Receiving Invoices

Email _____

Fax _____

Year business was established _____

List Names of Principal Company Officers or Owners

Name _____

Title _____

SS # (for Individuals only) _____

Federal Tax ID # _____

Name _____

Title _____

SS # (for Individuals only) _____

Federal Tax ID # _____

RESALE – Please Supply Tax ID Card

Please note: Ratermann Manufacturing, Inc. terms are net 30 days. A finance charge of 1 1/2% per month (which is an annual percentage rate of 18%) is charged on all past due accounts. The purchaser will be responsible for all collection costs if invoices are not paid pursuant to the terms and conditions of this application. I authorize each of the trade references and bank references listed above to release information to Ratermann Manufacturing, Inc. by telephone, fax or by mail. I understand Ratermann Manufacturing terms and agree to abide by them.

CREDIT CARD PAYMENTS: Payments made by credit card are to be done at time of shipment. Payments by credit card to clear term invoices are subject to an additional fee. Applicable service charges for past due payments will also be applied.

We offer Invoice Payment by ACH at N/C.

AUTHORIZED AGENT FOR COMPANY – Please Print _____ Title _____

X _____ Date _____

(REQUIRED Authorized Signature for Terms & Conditions of Sale – See page E-10 to sign and return.)

SECTION B

\$ Amount of credit requested

FILL OUT INFORMATION BELOW or IF YOU HAVE A CREDIT REFERENCE SHEET PLEASE ATTACH AND ANSWER ALL THE QUESTIONS IN SECTION A. MAKE SURE AND SIGN THE CREDIT APPLICATION ON PAGE E-8 & E-10

Firm #1 _____

Address _____

City / State / Zip _____

Phone _____ Fax _____

Email _____

Firm #2 _____

Address _____

City / State / Zip _____

Phone _____ Fax _____

Email _____

Firm #3 _____

Address _____

City / State / Zip _____

Phone _____ Fax _____

Email _____

Bank(s) _____

Account No.(s) _____

Savings Checking

Address _____

City / State / Zip _____

Phone _____ Fax _____



Please tear and fax information to 1-800-264-7797 or scan and email to sales@rmimfg.com

