



Credit Application

Please complete the following application as thoroughly as possible. The more information that is provided allows the application to be processed quickly.

Business Name _____ Year Business Established _____

Mailing Address _____
street city state zip code

Shipping Address _____

Owner's Name _____ Corporation _____ Partnership _____ Proprietorship _____

Phone Number _____ Fax Number _____ Email _____

Federal ID # _____ Sales Tax # _____ Duns# _____

Bank Reference

Bank Name _____ City _____ State _____

Account Number _____ Contact _____

Phone Number _____

Trade References - Please Complete All Four

Business Name _____ Business Name _____

Phone Number _____ Phone Number _____

City/State _____ City/State _____

Contact _____ Contact _____

Business Name _____ Business Name _____

Phone Number _____ Phone Number _____

City/State _____ City/State _____

Contact _____ Contact _____

I personally guarantee payment of this account. Yes _____ No _____ Initial _____

I authorize release of information on all of my accounts to Rudolph's Inc.

Date _____ Signature _____

Please Fax to: 1-270-753-4579