



2021 Rob Mason Rd P.O. Box 69 Murray, KY 42071  
Telephone 1-800-231-2295  
1-270-753-0686  
Fax 1-270-753-4579

### Credit Application

Please complete the following application as thoroughly as possible. Fully completing the application shortens processing time.

Business Name \_\_\_\_\_ YEAR BUSINESS ESTABLISHED \_\_\_\_\_

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIPCODE

Shipping Address \_\_\_\_\_  
STREET CITY STATE ZIPCODE

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: 270-753-4579