



R.P. Machine

PO Box 144
Stillwater, NJ 07875
Ph 973-383-8994
Fax 973-300-5627

CREDIT APPLICATION FORM
Please complete, sign and return this form along with your credit references and authorization for release of information from your bank.

| | |
|-------------------------|--------------------------|
| Billing Address: | Physical Address: |
| Company Name | Company Name |
| Attention: | Attention: |
| Street Address | Street Address |
| City, State Zip | City, State, Zip |
| Telephone | Telephone |
| Email | Email |

General Information

| | | | |
|----------------------|---|---------------------------|-------|
| Federal Tax ID No | Company Composition Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corp <input type="checkbox"/> Other <input type="checkbox"/> | Corp State of | |
| Dun & Bradstreet No. | Amount of credit desired | At present Location Since | |
| Principal/Owner | Title | Email | Phone |

Ordering Information

| | |
|---------------------------------------|--|
| Are Written Purchase Orders Required? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Purchasing Agent | Fax/Email/Phone # & Extension |
| Accounts Payable Contact | Fax/Email Phone# & Extension |

Bank Information

| | | | | |
|--------------|----------------------|---------------|-----|--------------------------|
| Bank Name | Bank Contact Officer | Phone & Fax # | | |
| Bank Address | City | State | Zip | Type of Acct & Account # |

Terms & Conditions

All accounts are COD until a credit application is completed, reviewed, and approved. If any indebtedness incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including reasonable attorneys fee. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

Acceptance and approval

Signing this agreement indicates your acceptance of the terms and conditions as stated. In addition, you authorize R.P. Machine, LLC to make any and all inquiries necessary to process this credit application.

| | | |
|-----------------------------------|---------------------|------|
| Name of Authorized Representative | Title | |
| Agreed & Accepted, Signed | Phone # & Extension | Date |