



ROBINSON SUPPLY CO.

195 BROADWAY • FALL RIVER, MA • 508-675-7433

APPLICATION FOR CREDIT

PLEASE COMPLETE
Please Print or Type

REMIT TO: P.O. BOX 2071, FALL RIVER, MA 02722

DATE: _____ S.S.#: _____ TEL. #: _____ FAX #: _____

TRADE NAME: _____ FED I.D. #: _____

BUSINESS ADDRESS & ZIP CODE + 4 # BAR CODE: _____

DELIVERY ADDRESS (if different from above): _____

NAME: _____ DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

WOULD YOU LIKE TO HAVE YOUR INVOICES & STATEMENTS EMAILED TO YOU? YES: ____ NO: ____

HOME ADDRESS, ZIP CODE & TELEPHONE #: _____

HOW MANY YEARS IN BUSINESS: _____ NO. OF EMPLOYEES: _____ IF NEW VENTURE NAME OF FORMER EMPLOYER: _____

ESTIMATE ANNUAL SALES: _____ AMOUNT OF CREDIT REQUESTED: _____ LICENSE # & TYPE: _____

CORPORATION: _____ PARTNERSHIP: _____ INDIVIDUAL: _____

SALES TAX STATUS: TAXABLE: _____ EXEMPT (Attach Cert. to form): _____

ACCOUNTS RECEIVABLE OUTSTANDING \$: _____ INVENTORY \$: _____

TRADE REFERENCES: COMPLETE NAME, ADDRESS, ZIP, FAX AND PHONE NUMBER (PLEASE GIVE 3)

1. _____ HOW LONG: _____

2. _____ HOW LONG: _____

3. _____ HOW LONG: _____

4. _____ HOW LONG: _____

TRUCKS AND EQUIPMENT OWNED: _____ BALANCE UNPAID: _____

AMOUNT OF OUTSTANDING NOTES, CHATTEL MORTGAGES OR OTHER OWING: _____

BANK REFERENCE & ACCOUNT #: _____

NAME & PHONE NUMBER OF BANK LOAN OFFICER: _____

HAVE YOU EVER FILED BANKRUPTCY? YES: ____ NO: ____ IF YES, DATE FILE: _____

REAL ESTATE OWNED: _____ AMOUNT OF MORTGAGES: _____

NAME OF MORTGAGER HOLDING MORTGAGE: _____

TITLE IN NAME OF: _____

FIRE INSURANCE ON REAL ESTATE (AM'T): _____ FIRE INS. ON CONTENTS (AM'T): _____

THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. THE UNDERSIGNED AUTHORIZES ROBINSON SUPPLY CO. OR THEIR AGENTS, TO VERIFY AND CONFIRM ANY AND ALL TRADE/CREDIT REFERENCES AND CREDIT WORTHINESS OF APPLICANT, UTILIZING CREDIT REPORTING BUREAUS/AGENCIES, TRADE/CREDIT REFERENCES, MEMBERS OF CREDIT RESEARCH INC., IN ADDITION TO ANY OTHER SOURCES AVAILABLE. APPLICANT AGREES TO PAY A FINANCE CHARGE OF 2% PER MONTH (24% ANNUAL PERCENTAGE RATE) ON ALL PAST DUE INVOICES. I/WE FURTHER AGREE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEYS' FEES. ALL PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS. RETURNED GOODS ARE SUBJECT TO 25% HANDLING CHARGE. APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY ON INVOICES IN ACCORDANCE WITH TERMS STATED.

SIGNATURE: _____ TITLE: _____

PLEASE PRINT NAME: _____ TITLE: _____