

Romanoff International Supply Corporation

9 Deforest Street, Amityville, NY 11701

(v) 631.842.2400 (f) 631.842.0028 (e) collect@romanoff.com

CREDIT APPLICATION FORM – T

(Please contact our Credit Manager if you have any questions)

Company Name _____

Mailing Address _____

Telephone Number _____

Type of Ownership _____ **Corporation** _____ **Partnership** _____ **Individual**

Application of credit is hereby made and the following references given. It is understood that this information will be held in the strictest confidence and only used by Romanoff International Supply Corp.

Bank References

Savings

Checking

1) Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

2) Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

Business References

1) Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

2) Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

3) Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

4) Name _____
Address _____
City, State, Zip _____
Telephone _____
Account # _____

The undersigned agrees to comply with payment terms of NET 30 DAYS. It is also understood that should the account become thirty (30) days past due, said account may be closed without notification and the undersigned will be held responsible for all collection and/or legal fees pertaining to all amounts due.

Name (print)

Signature

Title

Date

Once complete, please fax this form to 631.842.0028: Romanoff International, Attn: Credit Manager