

First Time Customer Information

Name Of RMS Employee You're Working With

Your Name

First Name Last Name

Your Phone Number

Please enter a valid phone number.

Company Name

Jobsite Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Outside Of City Limits?

Yes

No

Exempt From Sales Tax? (If Yes Please Email Us Your Properly Executed Exemption Certificate)

Yes

No

Are Purchase Orders Required Before Billing?

Yes

No

If Invoices Should Be Emailed Please Provide The Appropriate Email Address

YOUR COMPANIES PRIMARY ACCOUNTING CONTACT

Name

Title

Email

Phone

YOUR COMPANIES PRIMARY PURCHASING CONTACT

Name

Title

Email

Phone

IF BILLING ADDRESS IS DIFFERENT FROM ABOVE PLEASE FILL OUT THE BELOW INFORMATION.

Billing Name

Billing Phone

Billing Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

CREDIT APPLICATION

Business Ownership

Corporation

Partnership

Individual

Date Business Established

Name of Principle

Principle's Complete Home Address

Does The Company Operate Under Any Other Names? What name(s)?

BANK REFERENCES

Bank Name

Bank Officer Name

Bank Officer Email

Bank Phone

Bank Address

Street Address

Street Address Line 2

City

State

Zip Code

TRADE REFERENCE 1

Business Name

Business Complete Address

Business Phone

Reference's Email Address

TRADE REFERENCE 2

Business Name

Business Complete Address

Business Phone

Reference's Email Address

TRADE REFERENCE 3

Business Name

Business Complete Address

Business Phone

Reference's Email Address

Consent

We certify that all information on this form is correct. We fully understand your credit terms are Net 30 days and agree to the proper payment in consideration of extended credit. By signing this application, you are authorizing the release of information on your credit and bank history.

Any Other Info We Should Know?