



# FIRST TIME CUSTOMER FORM

Name Of RMS Employee You're Working With

Your Name

Your Phone

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

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



## **TRADE REFERENCE 1**

Business Name

Business Phone

Reference's Email

Business Address

## **TRADE REFERENCE 2**

Business Name

Business Phone

Reference's Email

Business Address

## **TRADE REFERENCE 3**

Business Name

Business Phone

Reference's Email

Business 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?

