

CREDIT APPLICATION

INSTRUCTION: Please complete this form and mail to RESOURCE SOLUTIONS.

Customer Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Contact _____

Email Address _____ Tax ID. No. _____

Years In Business _____ Type of Business _____

_____ Corporation _____ Proprietorship _____ Partnership _____ Other

BANK REFERENCE

Name of Bank _____

Address _____

Telephone _____ Contact _____

Account Number _____

TRADE REFERENCES

Name _____ Account # _____ Telephone # _____

Name _____ Account # _____ Telephone # _____

Name _____ Account # _____ Telephone # _____

I certify the above information is true and is given for the purpose of obtaining credit privileges with RESOURCE SOLUTIONS. You may verify this information and provide information to others seeking such information. I agree to pay all invoices when due and in the event of delinquency of this account will pay service charges from the due date thereof and will pay all collection costs, court costs, and reasonable attorney fees which may be incurred if collection is necessary through process of suit.

Customer Authorized Signature

Date

Title

Credit Line Requested