



CREDIT APPLICATION

(PLEASE TYPE OR PRINT)

NEW ACCOUNTS
P.O. Box 1422
York, Pennsylvania 17402
Phone: 717-849-0326
Fax: 877-727-4332

APPLICANT (BUSINESS OR CORPORATE NAME)			ACCOUNTS PAYABLE CONTACT NAME		APPLICATION DATE
BUSINESS STREET ADDRESS			BILLING ADDRESS (STREET OR P.O. BOX)		
CITY	STATE	ZIP	CITY	STATE	ZIP
BUSINESS PHONE #			DO YOU WANT INVOICES: <input type="checkbox"/> MAILED <input type="checkbox"/> FAXED (FAX # _____)		
BUSINESS FAX #		YEAR ESTABLISHED	TYPE OF BUSINESS: <input type="checkbox"/> SOLE PRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	IF INCORPORATED, IN STATE OF: D & B <input type="checkbox"/> <input type="checkbox"/> RATING DATE	FINANCIAL STATEMENT <input type="checkbox"/> WILL BE MAILED <input type="checkbox"/> ENCLOSED <input type="checkbox"/> DECLINED
E-MAIL ADDRESS		NUMBER OF EMPLOYEES			
BUSINESS BUILDING IS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED					
PRINCIPAL BUSINESS ACTIVITIES		PRIMARY SIC CODE	FEDERAL IDENTIFICATION NUMBER		HAS OWNERSHIP CHANGED IN THE LAST 2-5 YRS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, Explain on a Separate Sheet of Paper)</i>

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)

NAME	TITLE	HOME ADDRESS
	SS#	
NAME	TITLE	HOME ADDRESS
	SS#	

BANK OR SAVINGS AND LOAN ASSOCIATION

NAME	BRANCH ADDRESS	ACCOUNT NUMBER
NAME	BRANCH ADDRESS	ACCOUNT NUMBER

APPLICANT'S PRINCIPAL SUPPLIERS (LIST AT LEAST THREE)

NAME	ADDRESS		
NAME	ADDRESS		
NAME	ADDRESS		
NAME	ADDRESS		

HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO	HAS A TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. <input type="checkbox"/> YES <input type="checkbox"/> NO
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TERMS: In consideration of the RG Group Marine Systems extending credit to the Applicant, the Applicant agrees to pay within the established credit terms (net 30 days). Applicant acknowledges that a monthly service charge of 1 1/2% shall be made on all sums due RG Group Marine Systems which have not been paid according to the invoice terms. Applicant agrees to pay a \$25.00 charge for any returned check. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes RG Group Marine Systems to obtain credit and financial information concerning the Applicant at any time and from any source. Applicant agrees to indemnify RG Group Marine Systems and its agents from any liability resulting from their credit survey. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely.

WE ESTIMATE OUR ANNUAL PURCHASES AT: \$ _____ AND REQUEST A CREDIT LINE OF: \$ _____
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PRINT NAME OF APPLICANT	TITLE
SIGNATURE OF APPLICANT (must be an officer of the Company)	DATE

■ Please attach Sales Tax Exemption Certificate. We are required by law to charge Sales Tax unless we receive an Exemption Certificate.
(Copy of Sales & Use Tax License is unacceptable.)