# BUSINESS CONTACT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  | Tax ID Number (TIN) |  |
| Primary Business Address |  | D&B Number (DUNS) |  |
| City, State, Zip Code |  | Date Business Commenced |  |
| Shipping Contact | Title |  | Accounting Contact | Title |  |
| E-mail |  | E-mail |  |
| Phone | Fax |  | Phone | Fax |  |

# BUSINESS AND CREDIT INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| If Division / Subsidiary, Parent Company Name: |  | Bank Name | Credit Line Requested: |
| Parent Company Address City, State, Zip |  | Bank AddressCity, State, ZIP Code | Shipment count per month: |
| Legal Classification Under Which Business Operates | Contact Name | Phone Number |  |
| [ ]  Sole proprietorship / Individual | [ ]  Partnership | Account number |  |
| [ ]  LLC | [ ]  Corporation | Type of account | [ ] Savings [ ]  Checking |

# BUSINESS/TRADE REFERENCES

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Phone | Fax |  |
| Address |  | E-mail |  |
| City, State, ZIP Code |  | Payment Terms |  |
| Contact Name |  | Credit Limit |  |
| Company name |  | Phone | Fax |  |
| Address |  | E-mail |  |
| City, State, ZIP Code |  | Payment Terms |  |
| Contact Name |  | Credit Limit |  |

# agreement

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize RAM INTERNATIONAL to make inquiries into the banking and business/trade references that you have supplied.

# APPLICANT SIGNATURE

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |