



RULMECA CORPORATION

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Wilmington, NC 28405
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Fax: 910-794-9296
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CREDIT APPLICATION

Company Name _____

Address _____

Contact Name _____ Phone _____

Fax _____ Email _____ Mobile _____

Type of Organization: Sole Proprietor Partnership Corporation LLC LLP (circle one)

Federal ID# _____ Date Business Began _____

State Resale # _____ Duns # _____ D&B Rating _____

Owners Info:

Name Address Phone Fax

1. _____

2. _____

3. _____

Bank Info:

Bank Name _____ Contact Name _____

Phone _____ Fax _____

Business Credit References (Suppliers, etc.):

Company Address Phone Fax

1. _____

2. _____

3. _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY, & WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

Invoices are due within 30 days of invoice date. All invoices over 30 days may be assessed a finance charge of 18% per annum (1.5% per month) on all outstanding balances.

Print Name _____ Title _____

Signature _____ Date _____

The information given is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

RETURN BY EMAIL (office-us@rulmecca.com) OR FAX (910-794-9296) ALONG WITH A CURRENT W-9. CUSTOMER ORDERS ARE TENTATIVE PRIOR TO CREDIT APPROVAL.