

# ***Romanoff International Supply Corporation***

9 Deforest Street, Amityville, NY 11701

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## **CREDIT APPLICATION FORM – T**

(Please contact our Credit Manager if you have any questions)

**Company Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**Type of Ownership**    \_\_\_\_\_ **Corporation**                      \_\_\_\_\_ **Partnership**                      \_\_\_\_\_ **Individual**

Application of credit is hereby made and the following references given. It is understood that this information will be held in the strictest confidence and only used by Romanoff International Supply Corp.

### **Bank References**

#### **Savings**

#### **Checking**

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account # \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account # \_\_\_\_\_

### **Business References**

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account # \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account # \_\_\_\_\_

3) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account # \_\_\_\_\_

4) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Account # \_\_\_\_\_

The undersigned agrees to comply with payment terms of NET 30 DAYS. It is also understood that should the account become thirty (30) days past due, said account may be closed without notification and the undersigned will be held responsible for all collection and/or legal fees pertaining to all amounts due.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Once complete, please fax this form to 631.842.0028: Romanoff International, Attn: Credit Manager**