

CREDIT APPLICATION

COMPANY INFORMATION

COMPANY NAME: _____
PHONE: () _____ IFAX:() _____
BILLING ADDRESS: _____ CITY,STATE,ZIP _____
SHIPPING ADDRESS : _____ CITY,STATE,ZIP _____
YEAR BUSINESS STARTED: _____ TYPE OF BUSINESS: _____
TAX EXEMPT? _____ TAX EXEMPT#: _____ (PLEASE SUBMIT TAX EXEMPT CERT.)
FAX OR E-MAIL INVOICES? FAX# _____ E-MAIL ADDRESS _____
PRINCIPAL OWNERS/OFFICERS
NAME: _____ TITLE: _____ ADDRESS: _____
NAME: _____ TITLE: _____ ADDRESS: _____

CREDIT REFERENCES

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY,STATE,ZIP: _____	CITY,STATE,ZIP _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
CONTACT PERSON: _____	CONTACT PERSON: _____
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
CITY,STATE,ZIP: _____	CITY,STATE,ZIP _____
PHONE: _____ FAX: _____	PHONE: _____ FAX: _____
CONTACT PERSON: _____	CONTACT PERSON: _____

BANKING INFORMATION

BANK NAME: _____ ACCOUNT# _____
ADDRESS: _____ CITY,STATE,ZIP: _____
PHONE: _____ FAX: _____ CONTACT PERSON: _____
AUTHORIZATION IS GRANTED FOR ABOVE REFERENCES AND BANK TO DISCLOSE INFORMATION TO T E
INFORMATION TO ROBNET, INC. FOR PURPOSES OF CREDIT EVALUATION.
X _____ DATE _____ CREDIT LINE REQUESTED _____
SIGNATURE OF COMPANY OFFICER/TITLE

