RUMEX INTERNATIONAL new account setup

Please completely fill out this form to receive 30 days trial payment terms with Rumex International Co. We will review the information provided and inform you when your account is set up.

Facility information	1:			
Bill To Information:				
Facility Name:_				
Address:				
City:		State:	Zip Code:	
Main Phone:		Main F	-ax:	
Ship To Information:	(Only if different from	m above)		
Facility Name: _				
			Zip Code:	
Attention To:				
Financial Informatio	<u>n:</u>			
Tax Exempt: (If YES,	tax exemption docume	nts must be	e attached)	_
Bank Reference:				
Bank Name:				
			Zip Code:	
Phone:				

RUMEX INTERNATIONAL Line of Credit Application - Continued

Purchasing Contact Information:

First Name:	Last Name:
Department:	Title:
Phone:	Extension:Fax:
Email Address:	
Other Persons Authori	<u>ed To Purchase:</u>
1.)	
	Email Address:
2) Phone:	 Email Address:
Accounts Payable Con	act Information:
First Name:	Last Name:
Department:	Title:
Phone:	Extension:Fax:
Email Address:	
Agreement:	
from the date of the invoice payment. These terms are a otherwise noted. Applicant a be subject to and in consider Applicant understands that R and authorize applicant's ba	International Co on 30 days trial terms, that is within 30 days the Buyer has to return the goods or proceed with the plicable for all accounts with an approved line of credit unless grees that extension of credit by RUMEX International Co shall ation of the "Terms and Conditions" located on www.RUMEX.us JMEX International Co will make their usual credit investigations to release information as requested by RUMEX gned agrees that all credit extended shall be deemed subject to
Authorized Signature: Date:	Title
Please fax the completed femail the scanned documen	orm to our Accounting office at +1 (727) 535 8300 or to usacs@rumex.com.

Please note! We inspect all returned products. Make sure that the items are in their original, undamaged condition and were not used

Toll Free: +1 (877) 77 RUMEX