

CREDIT APPLICATION FOR A BUSINESS ACCOUNT**BUSINESS CONTACT INFORMATION****Business Name:****Telephone:****Fax:****E-mail:****Shipping address:****City:****State:****ZIP Code:****Date business commenced:****Credit Line Requested:****Sole proprietorship:** **Partnership:** **Corporation:** **Other:** **Tax I.D. Number:****Tax Exempt Number:****CREDIT INFORMATION****Billing address:****City:****State:****ZIP Code:****How long at current address?****Telephone:****Fax:****Accounting E-mail:****Bank name:****Bank address:****Phone:****City:****State:****ZIP Code:****Type of account:** Savings Checking Other**Account Number:****BUSINESS/TRADE REFERENCES****Company name:****Address:****City:****State:****ZIP Code:****Phone:****Fax:****E-mail:****Type of account:****AGREEMENT**

All customers must submit a credit application and undergo a credit approval prior to receiving products or services on an open account basis. Until customers successfully complete this process, orders will require cash in advance or COD terms. Unless otherwise agreed upon, our terms are Net 30 from the date of invoice. Any account that is past due and/or over the credit limit may be placed on a cash basis until the account is brought to a current and satisfactory status. Thank you for your business and support of **Ratchetstrap.com**.

SIGNATURES - PLEASE SIGN AND DATE BELOW IN ORDER FOR THIS APPLICATION TO BE PROCESSED.**Title / Date:**

RETURN COMPLETED FORM TO Accounting@Ratchetstrap.com