

APPLICATION FOR CREDIT
Rock Creek Supply
P.O. Box 92 Guntown, Mississippi 38849
662-610-0364
662-348-3838 FAX
sales@rockcreeksupply.com

DATE _____

COMPANY NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SHIPPING ADDRESS (if different) _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____

LOCATION OF JOB _____

BUSINESS OWNERSHIP (Circle One):

CORPORATION PARTNERSHIP PROPRIETORSHIP

YEAR ESTABLISHED _____

NAME(S) OF OWNERS _____

FEDERAL ID # _____ SOCIAL SECURITY # _____

NAME AND ADDRESS OF BONDING CO. _____

ACCOUNTS PAYABLE MANAGER _____ PHONE # _____

DO YOU REQUIRE PURCHASE ORDER #'S ON EACH INVOICE- **YES NO**

CREDIT REFERENCES:

1. NAME _____ PHONE # _____
ADDRESS _____ FAX # _____

2. NAME _____ PHONE # _____
ADDRESS _____ FAX # _____

3. NAME _____ PHONE # _____
ADDRESS _____ FAX # _____

BANK REFERENCE

BANK _____ CONTACT _____ PHONE# _____

ACCOUNT #'S _____

BANK _____ CONTACT _____ PHONE# _____

ACCOUNT #'S _____

TERMS

I (We) request credit with ROCK CREEK SUPPLY, and authorize you to contact the
aforementioned references for information about our credit history. I (We)
also understand that your payment terms are net 10 Days. Service charges of
1-1/2 percent per month (18% annually) will accrue on all past due balances.

Signature _____ Date _____

Please print name above. _____

Title _____

PLEASE FILL OUT AND FAX OR EMAIL BACK