



ROMAC
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CREDIT APPLICATION

FOR OFFICE USE ONLY: Cust # _____ Credit Limit \$ _____ Term _____ Salesperson _____ Territory _____

LEGAL NAME AND BILLING ADDRESS			SHIP TO NAME AND ADDRESS		
Legal Business Name			Name		
Address or P.O. Box			Address (Can not be P.O. Box)		
Address			Address		
City	State	Zip	City	State	Zip
Phone Number	Fax Number		Phone Number	Fax Number	

COMPANY PROFILE		
Type of Business	Year Business Established	Net Annual Sales (Prior Year)
Contact Person / Title	Legal Ownership of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government <input type="checkbox"/> LLC	
DUNS Number	Federal I.D. Number	Resale Number (Must Include Certificate)
(1) Principal Name	Title	Phone
(2) Principal Name	Title	Phone

TRADE REFERENCES				
(1) Vendor Name	Vendor Address	City	State	Zip
Phone	Fax	Contact		
(2) Vendor Name	Vendor Address	City	State	Zip
Phone	Fax	Contact		
(3) Vendor Name	Vendor Address	City	State	Zip
Phone	Fax	Contact		
(4) Vendor Name	Vendor Address	City	State	Zip
Phone	Fax	Contact		

BANK REFERENCE		
Bank Name	Bank Address	City State Zip
Phone	Contact	Years Banking
Checking #	Saving #	Business Loan #

TERMS OF SALE
By signing below you: (1) submit an Application; (2) represent that you are authorized to execute the Application on behalf of the business entity ;(3) represent that the business entity has authorized the execution of this application; (4) authorize us to check credit on the business and owners; if necessary; (5) represent that the information provided in this application is true and correct and understand that any false information may result in cancellation of the account; and (6) agree to be bound by the Terms and Condition set forth. No Application will be processed without the signature of an authorized person on behalf of business entity. You have read and received a copy of Terms and Condition before making any purchase under this account. Terms are attached.

Authorized Signature _____ Print Name _____ Title _____ Date _____