



DEALER CREDIT APPLICATION

GENERAL INFORMATION:

BUSINESS NAME: _____ BUSINESS TYPE: _____

BILLING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

EMAIL: _____ PHONE: _____ FAX: _____

FED ID# OR SS#: _____ DATE BUSINESS ESTABLISHED: _____

ESTIMATED ANNUAL SALES: _____ CREDIT LINE REQUESTED: _____

Limited Liability Company Corporation Partnership Proprietorship

PRINCIPALS: (Full Names of Owners or Authorized Officers)

NAME: _____ TITLE/POSITION: _____

NAME: _____ TITLE/POSITION: _____

ACCOUNTS PAYABLE CONTACT: _____ EMAIL: _____

CREDIT REFERENCES: (All Three References Required)

1. NAME: _____ ADDRESS: _____

ACCT #: _____ PHONE: _____ FAX: _____

2. NAME: _____ ADDRESS: _____

ACCT #: _____ PHONE: _____ FAX: _____

3. NAME: _____ ADDRESS: _____

ACCT #: _____ PHONE: _____ FAX: _____

BANK REFERENCES:

NAME: _____ ADDRESS: _____

ACCT #: _____ PHONE: _____ FAX: _____

PLEASE READ BELOW AND SIGN

The above information is herewith submitted for the purpose of establishing credit with RiverRun Cabinetry, Inc. I do hereby certify this information to be true and authorize all references to release information to RiverRun Cabinetry, Inc. for credit purposes. I agree to RiverRun Cabinetry's credit terms of net due 10 days from date of invoicing (as postmarked). A 1.5% finance charge will be assessed per month on all past due balances. The buyer understands that their orders may be put on hold until resolution of overdue payments.

SIGNATURE: _____ DATE: _____