

CREDIT APPLICATION FORM

TO ROMCO SALES CO. LLC. ,Inc. _____ DATE _____

FOR: The purpose of obtaining merchandise from the Romco Sales Co. LLC., inc. on a CREDIT ACCEPTANCE POLICY. The following statements are made in writing intending that you should rely on them as true and accurate:

Firm Name: _____

If D.B.A. What is the legal name _____

Address _____ City _____ State _____ Zip _____

Federal Tax I.D. Number _____

Owner Name(s) _____ Phone # _____ Fax # _____

Type of Business: Corporation Sole Proprietorship LLC

Primary Purchasing Agent _____

E-Mail: _____ Phone #: _____ EXT _____ Fax # _____

Type of Business: Corporation Sole Proprietorship LLC

At present location since _____ Year established _____

Is business incorporated _____ If so what State and year _____

Are PO's Required: YES NO

Bookkeeper Name: _____

E-Mail: _____ Phone #: _____ EXT _____ Fax # _____

Do you want Invoices: Mailed Faxed Emailed

Do you want Statements Faxed Emailed Or Not Required

TRADE REFERENCES (Please suppliers only, no sub contractors)

Firm Name _____ Phone # _____ Fax # _____

Address _____ City _____ State _____ Zip Code: _____

Firm Name _____ Phone # _____ Fax # _____

Address _____ City _____ State _____ Zip Code: _____

Firm Name _____ Phone # _____ Fax # _____

Address _____ City _____ State _____ Zip Code: _____

I hereby state that I have read and agree to the **TERM AND CONDITIONS** of the Romco Sales Co.LLC., Inc. dated (April 02, 2009).

I hereby agree that the laws of the State of New York shall be applicable in any and all disputes of an interstate nature.

I hereby agree on any and all legal proceedings, the venue shall be the **Bronx County, State of New York**.

I hereby agree to a **\$40.00** service charge on returned checks.

I acknowledge the right of Romco Sales Co. LLC., Inc. to revoke my **CREDIT ACCEPTANCE** privileges at any time, at their discretion without notice.

TERMS - NET 30 DAYS NO DISCOUNTS 1-½% INTEREST PER MONTH (18% PER annum) After 30 DAYS

CUST. I.D.
REVIEWED BY
ACTION
DATE

SIGNED _____
FULL LEGAL NAME OF FIRM

BY _____
SIGNATURE OF OFFICER, OWNER OR PARTNER

BY _____
PRINT NAME AND TITLE