

CREDIT APPLICATION

Rogersville Office Supply
500 West Main Street
Rogersville, Tn 37857
423-272-7664

Contact Information		Billing Information	
Contact Name:		A/P Contact:	
Company Name:		Company Name:	
Address:		Address:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
General Company Information			
Federal Tax ID#:		Purchase Order Required? _Yes_ _No	
Principle Officer:		Title:	
Legal Structure_	Corporation_	Partnership_	LLC_ Sole Proprietor_ Non-Profit_
If Exempt, include Tax #:		& Include Tax Exempt Form	
Business Established in:		Business Type:	
Employees Authorized to charge on Account:			
Bank References			
Bank Name:		Bank Account Type:	
Street Address:		City, State, Zip:	
Bank Contact:		Bank Phone:	
Trade References			
Company	Contact	Phone	Address
1			
2			
3			
4			
Signature & Authorization			
We certify that all the information on this form is correct. We fully understand your credit terms. Credit Terms: Invoices due net on the 10th of the month following date of purchase. 1 1/2% per month (18% annual interest) charged on balance past 30 days. Minimum charge \$.75. If collected through a collection agency, court, probate or bankruptcy proceeding. ROS shall be entitled to recover reasonable court costs. attorney's fees and/or collection fees.			
Signature:		Date:	
Print Name:		Business Title:	