



APPLICATION FOR CREDIT

Company Information:

Legal Name of Business _____ Year Established _____
Corporation _____ Partnership _____ Proprietorship _____

Street Address (Ship To) _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

Bill To Address _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

Trade References:

1) Name and Address _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

2) Name and Address _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

3) Name and Address _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

Bank References:

1) Name _____ Contact _____ Acct Number _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

2) Name _____ Contact _____ Acct Number _____
City _____ State _____ Zip _____ Phone() _____ Fax() _____

BY SIGNING THIS APPLICATION, YOU ATTEST THE VALIDITY OF THE ABOVE INFORMATION AND AGREE TO PAY INVOICES WITHIN 30 DAYS OF INVOICE DATE, UNLESS OTHER TERMS HAVE BEEN MUTUALLY AGREED UPON.

Customer Name (Print) _____ Title _____

Signature(Required) _____ Date _____

Send Completed Form to: BH Roettker Company, Attn: Brian Roettker

BH Roettker Company 7593 Bridgetown Rd. Cincinnati, OH 45248	phone: 513-467-1111 toll: 1-800-755-7795 fax: 513-467-1313 email: bhroettker@roettker.com
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