



# CREDIT APPLICATION

Please mail, scan/email, or fax the completed form.

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COMPANY OR BUSINESS INFORMATION					
Business:		DBA:		Year Established:	
Bill Address:		City:		State:	Zip:
Ship Address:		City:		State:	Zip:
Email:		Phone:		Fax:	
<b>Business Type:</b>	Retail	Wholesale	Manufacturer	Number of Employees:	
<b>Business Structure:</b>	Corporation	Partnership	Sole Owner	Estimated Annual Sales:	
<b>Business Location:</b>	Retail Center	Office Space	Home	Line of Credit Requested:	
<b>I fully comply with the USA Patriot Act provisions regarding anti-money laundering (USA Patriot Act 2001 Compliance).</b>					
* Federal / State Resale Tax ID:			How You Heard of Us:		

\* In compliance with the USA Patriot Act of 2001, we are required to keep on record at least one government-issued identification number. If you are located in Texas, we require the Texas resale tax number and a signed **Texas Resale Tax Certificate** form.

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
Name:		Title:	Phone:
Address:		City:	State: Zip:
Name:		Title:	Phone:
Address:		City:	State: Zip:
Authorized Buyers:			Bookkeeper:

BANK REFERENCE - REQUIRED FOR COD & NET CHECK PAYMENTS		
Checking Account #:	Bank Name:	Phone:
Check Signer Name:	Driver License:	Social Security:

TRADE REFERENCE - REQUIRED FOR OPEN NET TERMS			
Company:		Account:	Phone:
Address:		City:	State: Zip:
Company:		Account:	Phone:
Address:		City:	State: Zip:
Company:		Account:	Phone:
Address:		City:	State: Zip:

CONFIRMATION OF INFORMATION ACCURACY AND PERSONAL GUARANTY		
In consideration of credit extension, I/We personally guarantee full and prompt payment according to the terms of all invoices rendered. All past due accounts are subject to the maximum interest rate allowed by law until paid. If my/our account is placed in the hands of an attorney for collections or if a collection is made through bankruptcy or probate proceedings, I/We agree to pay a reasonable amount in attorney's fees on both the principal and interests charged. Accounts that are past due or have prior NSF checks are subject to shipments on a COD prepaid basis. I/We verify that all information supplied is true and correct.		
Signature (Print & Sign):	Title:	Date:

FOR INTERNAL OFFICE USE ONLY			
Account:	Date Opened:	Credit Line:	Terms:
JBT Rating:	Approved By:	<b>Address Type:</b>	Commercial Residential Remote (DAS)
COD Status	Web Login	Comments:	