

# **BUSINESS ACCOUNT CREDIT APPLICATION**

## **BUSINESS CONTACT INFORMATION**

Company Name:	Business Email:	
Business Phone:		
Business Address:		
Tenure at current address:		
Mailing Address (if applicable):	City, State & Zip:	
Date Business Commenced:		
Primary Contact Person Name:	Title:	
Contact Phone No:		
BUSINI	ESS CREDIT INFORMATION	
Business Bank Name:	Phone No:	
Bank Address:	City, State & Zip:	
Type of Account:	Account No:	
Reference 1		
Company Name:	Contact Person:	
Company Address:		
Contact Phone No:		
Type of Account:	Age of Account:	
Reference 2		
Company Name:		
Company Address:		
Contact Phone No:		
Type of Account:	Age of Account:	
Reference 3		
Company Name:		
Company Address:		
Contact Phone No:	Contact Email:	
Type of Account:	Age of Account:	



Red Supply, Inc.
346 S. Rosemead Boulevard
Pasadena, CA 91107
accounting@redsupplyinc.com
626-584-0282

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### **ADDITIONAL INFORMATION**

Do you use a purchase order system?	Yes	No
Will you be purchasing for resale?  (If yes, a resale certificate must be submitted with your a	Yes	No
3. Estimated amount of monthly purchases:	\$	
If your company has purchasing restrictions, a separate (Your company is responsible for immediately notifying R Inc is not responsible for unauthorized purchases on the company is responsible.)	ed Supply, Inc of any cha	
AUTHO	PRIZATION	
Name, Title:	_ Signature:	
Name, Title:	Signature:	

Please fill out application completely and then email to accounting@redsupplyinc.com or deliver in person. Please allow one to two weeks for processing. You will be notified of your application's status once all information has been verified and satisfactory references received. Red Supply, Inc reserves the right to terminate credit applications or existing accounts at any time. If you have any questions please contact us by phone or email.



# **BUSINESS ACCOUNT CREDIT APPLICATION**

(continued)

Company Name:	DBA Name (if applicable):	
Primary Contact Name:	Title:	
Contact Phone No:		
и	IST OF AUTHORIZED BUYERS	
Name:	Phone No:	
	AUTHORIZATION	
Name, Title:	Signature:	
Date:		