



Rinehart Targets Credit Application

Company Information

Company Name: _____ SS # or Tax ID #: _____
President/Owner: _____ Corporation Partnership Proprietorship
Bill to Address: _____ Ship to Address: _____

Phone Number: _____ Fax Number: _____

Owners, Principals, and Officers/Corporate Headquarters (HQ)

Name: _____ Title: _____
Phone: _____ Fax #: _____

Trade References

Co. Name: _____ Co. Name: _____ Co. Name: _____
Phone: _____ Phone: _____ Phone: _____

Bank Reference

Bank: _____ Account #: _____
Banker Name: _____ Savings Checking Loan
Address: _____ Phone #: _____
_____ Fax #: _____

*******ALL LINES MUST BE COMPLETELY FILLED OUT TO PROCESS INFORMATION*******
*******BE SURE TO INCLUDE ALL FAX NUMBERS*******

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Personal Guarantee:

In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment when due, of all accounts of the company seeking credit for five years from the date of this application. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices, guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

Signature

Date