



4900 North 20th Street ■ Philadelphia, PA 19144-2402

215.455.4900 ■ 800.925.8824 ■ Fax 215.455.8888

Problem Solvers Since 1732

Credit Application

Business Name: _____

Phone: _____

Billing Address: _____

Fax: _____

Email: _____

Ship to Address: _____

Are you a subsidiary? _____ If so, name of parent company: _____

Attach sale tax exemption certificate, if non-taxable

Years in business: _____

Bank Information:

Bank Name: _____

Contact: _____

Address: _____

Phone: _____

Email: _____

References:

Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Name: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

We require that you use purchase orders or job identification on all purchases. The Rowland Company terms of payment are: Net 30 days, Penalty after 60 days 1-½% per month, 18% per annum.

The undersigned, as an employee of the above referenced company seeking the extension of credit, personally guarantees corporate payment for any credit extended to the company in accordance with The Rowland Company's term.

Signature

Title

Date