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 A Division of REPNET, Inc.

CREDIT APPLICATION

Fed Tax ID # _____

Date: _____

FOR INTERNAL USE ONLY - PRIVATE AND CONFIDENTIAL!

BUSINESS INFORMATION			DESCRIPTION OF BUSINESS		
NAME OF BUSINESS			NO. OF EMPLOYEES	CREDIT REQUESTED	TYPE OF BUSINESS
LEGAL (IF DIFFERENT)			IN BUSINESS SINCE	PHONE:	FAX:
ADDRESS			BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY NAME OF PARENT COMPANY _____ HOW LONG IN BUSINESS _____		
CITY					
STATE	ZIP	PHONE FAX			

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME:	TITLE:	ADDRESS:	PHONE: FAX:
NAME:	TITLE:	ADDRESS:	PHONE: FAX:
NAME:	TITLE:	ADDRESS:	PHONE: FAX:

BANK REFERENCES	
NAME OF BANK	NAME TO CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	PHONE: FAX:

TRADE REFERENCES			
FIRM NAME	CONTACT NAME	TELEPHONE/FAX	ACCOUNT OPEN SINCE
		PHONE: FAX:	
		PHONE: FAX:	
		PHONE: FAX:	

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY		
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by REPNET, Inc. in determining the amount and conditions of credit to be extended. I understand that REPNET, Inc. may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade reference listed in this credit application to release the information necessary to assist REPNET, Inc. in establishing a line of credit.</p>		
X _____ SIGNATURE	_____ TITLE	_____ DATE

POLICY STATEMENT: Initial order from new accounts will not be processed unless accompanied by the above requested information.
TERMS: NET 30 DAYS from date of invoice unless otherwise stated.