

CREDIT APPLICATION FORM

If you have questions or issues completing this form, please contact the AR department at ardept@rkstratman.com, or 636-332-5222

Please complete all required * fields to ensure prompt processing or attach customer provided credit reference document.

What is your method of payment?

DUNS Number

Number of Employees

Have you filed bankruptcy or had a judgement/lien against you?

Owners Name

Number of Months/Years in Business

Accounts Payable Contact Name

What is your business trade or market segment?

Accounts Payable Phone Number

E-mail Address for Invoicing (Required for Accounts Payable)

Finance Information:

Bank Name

Bank Address

Bank Telephone #

Trade references and other companies/suppliers that extend you credit terms:

Reference 1:

Reference 2:

Company Name

Company Name

Telephone Number

Telephone Number

Account Number

Account Number

Reference 3:

Company Name

Telephone Number

Account Number