

CREDIT APPLICATION

Note: This form must be completed and signed before credit can be approved!

Company Name _____ Contact _____ Position _____

Address _____ City _____ State / Zip _____

Business Phone (____) _____ Fax (____) _____ E-mail _____

Tax Exempt Yes No If yes, attach a copy of exemption certificate.

Type of Ownership Corporation Partnership Individual

Type of Business Welding Distributor Medical Supply Fill Plant Beverage Carbonic Specialty Gas Filling
(check one or more as applicable)

Other, please list _____

Year business was established _____

How did you hear about Ratermann Mfg.? _____

Application is hereby made and the following three business references given.

It is understood that the information will be held in strictest confidence and used only by Ratermann Mfg.'s Credit Department.

\$ Amount of credit requested _____

Firm #1 _____

Firm #3 _____

Address _____

Address _____

City / State / Zip _____

City / State / Zip _____

Phone _____

Phone _____

Fax _____

Fax _____

Firm #2 _____

Bank(s) _____

Address _____

Account No.(s) _____

City / State / Zip _____

Savings Checking

Phone _____

Address _____

Fax _____

City / State / Zip _____

Phone _____ Fax _____

List names of principal company officers or owners

Name _____ Title _____

SS# _____
(for Individuals only)

Name _____ Title _____

SS# _____
(for Individuals only)

Please note: Ratermann Manufacturing, Inc. terms are net 30 days. A finance charge of 1 1/2% per month (which is an annual percentage rate of 18%) is charged on all past due accounts. The purchaser will be responsible for all collection costs if invoices are not paid pursuant to the terms and conditions of this application. I authorize each of the trade references and bank references listed above to release information to Ratermann Manufacturing, Inc. by telephone, fax or by mail. I understand Ratermann Manufacturing terms and agree to abide by them.

X _____
(Authorized Signature)

Date _____



Phone 1-800-264-7793 Fax 1-800-264-7797
or visit our Web Page at www.rmiorde.com

Please tear and fax information to 1-800-264-7797