

Railroad Tools & Solutions (LLC)
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

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BUSINESS CONTACT INFORMATION

Company name:

Contact name:

Phone:

Fax:

E-mail:

Company ship to address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Remit to address:

City:

State:

ZIP Code:

Accounts Payable Contact Name:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

FIN #

Tax Exempt #

DUNS #

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account Number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account Number:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Account Number:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice unless otherwise discussed.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Railroad Tools & Solutions (LLC) to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: