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CREDIT APPLICATION

Date: _____

Name of Business: _____

Street/Building: _____

Mailing Address: _____

City, State, Zip: _____

Kind of Business: _____

Years Established: _____ Is business incorporated?

Tax ID #: _____

Non Profit? _____ (If yes, please attach your tax exempt form)

Owner Information

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Bank Reference:

Bank Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Account Number: _____

Name(s) of Authorized Buyers on this Account

- 1. _____
- 2. _____
- 3. _____

Are purchase orders required to charge your account?

Trade References Please make sure to include fax numbers. This portion must be filled out completely in order for you application to be processed.

- 1. **Name/Address:** _____
Phone Number: _____ **Fax Number:** _____
Contact Name: _____ **Account #:** _____
- 2. **Name/Address:** _____
Phone Number: _____ **Fax Number:** _____
Contact Name: _____ **Account #:** _____
- 3. **Name/Address:** _____
Phone Number: _____ **Fax Number:** _____
Contact Name: _____ **Account #:** _____

Email Address:(for the person filling out the application) _____

NOTE: If account is authorized to purchase on open account, be it understood that all purchases are due 14 days following date of purchase. The undersigned official, to induce the granting of credit to the above-named firm, hereby personally guarantees the company's credit.

Signed By:

Title:

Individually and as an officer of the firm.

THIS PORTION FOR RA CREDIT DEPARTMENT USE ONLY

Length of time sold: 1. _____ 2. _____ 3. _____
High Credit _____
Terms _____
Pays when due _____
Other comments _____
Credit terms approved for: _____
Authorized by: _____
Date: _____