



Regional Access Inc.  
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@Regional Access



# CREDIT APPLICATION

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Street/Building: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Years Established: \_\_\_\_\_ Is business incorporated? Y / N (circle one)

Tax ID #: \_\_\_\_\_

Non-Profit? Yes \_\_\_ No \_\_\_ (If yes, please attach your tax-exempt form)

## Owner Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

## Name(s) of Authorized Buyers on this Account

\_\_\_\_\_  
\_\_\_\_\_

Are purchase orders required to charge your account? Yes \_\_\_ No \_\_\_

**Conditions of terms:**

- Regional Access invoices are **NET 14** after which they are past due.
- No more than two invoices may be outstanding at any given time. Finance charges of 1.5% per month will be added to account balances over 30 days.
- Regional Access reserves the right to withhold deliveries if there are any balances past due.
- If a check is returned by the bank, a \$20.00 fee will be charged to your account and the account will revert back to COD until the returned check is replaced and/ or re-deposited and clears the bank. Two returned checks within a six-month period will result in the account reverting to Cash or Bank Check for all future deliveries.
- At the time of delivery or pick up, you will receive an invoice. Signature on this invoice is final acceptance of quantities ordered. Any claims must be made within 24 hours of receipt of merchandise.

**Trade References**\_(please make sure to include fax numbers)

**Name/Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Name/Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Name/Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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.

<b>FOR CREDIT DEPARTMENT USE ONLY</b>		
Length of time sold:	1. _____	2. _____
		3. _____
High Credit	_____	_____
Terms	_____	_____
Pays when due	_____	_____
Other comments	_____	_____
Credit terms approved for:	_____	
Authorized by:	_____	