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CREDIT APPLICATION

Date: _____

Name of Business: _____

Street/Building: _____

Mailing Address: _____

City, State, Zip: _____

E-mail Address: _____

Kind of Business: _____

Years Established: _____ Is business incorporated? Yes___ No___

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 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. Note: this may be signed electronically by typing in authorized name. Please note this will be considered an official signature and approval to move forward and process the application.

Print Name: _____

Signature: _____

Title: _____

Individually and as an officer of the firm.

FOR 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: _____