

APPLICATION FOR CREDIT TO:
RPM CONSOLIDATED SERVICES, INC.
 13225 MARQUARDT AVE., SANTA FE SPRINGS, CA 90670
 PHONE (562) 777-9510 ACCOUNTING FAX (562) 903-4120

Please check all that may apply: LTL Truckload Harbor Dray Intermodal Dray
 Hawaii Logistics Warehousing

COMPLETE BUSINESS NAME: _____

FICTITIOUS BUSINESS NAME (DBA): _____

Corporation Date: _____ State: _____ Partnership Proprietorship

BUSINESS ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BILL TO ADDRESS (IF DIFFERENT): _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

CONTACT PERSON: _____

YEARS IN BUSINESS: _____ **YEARS AT THIS LOCATION:** _____

If location is less than 5 years, provide prior address: _____

DO YOU OWN OR LEASE YOUR PROPERTY: _____ **IF LEASE, WHEN IS LEASE UP:** _____

NATURE OF BUSINESS: _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

ACCTS. PAYABLE CONTACT: _____ **A/P EMAIL:** _____

ACCTS PAYABLE PHONE: _____ **FEDERAL TAX I.D.:** _____

D&B NUMBER: _____ **DUN & BRADSTREET 1-800-234-3867**

OWNER(S) / PRINCIPAL(S) NAMES	ADDRESS, CITY, STATE, ZIP / HOME PHONE #	SOC. SEC.#

NAME OF BANK: _____ **BRANCH:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

BANK OFFICER: _____ **PHONE:** _____ **FAX:** _____

CHECKING ACCT.#: _____ **SAVINGS ACCT.#:** _____

EXPECTED MONTHLY CREDIT LIMIT: _____ **RPM REP:** _____

REFERENCES

(PLEASE DO NOT PROVIDE NON-INVENTORY TYPE; SUCH AS UTILITIES, PHONE, CREDIT CARD COMPANIES, OR CHARACTER OR PERSONAL REFERENCES, AND ACCOUNTS THAT ARE PAID VIA CREDIT CARD OR CASH)

BUSINESS NAME	CONTACT	FAX OR EMAIL

CREDIT TERMS

- The applicant certifies that all information attained in this credit application is true and correct, and consents to the obtaining of credit and other information as may be used any time in connection to the customers account hereby applied for and to the disclosures of any credit information concerning the applicant and its principles.
- The applicant agrees to the terms of service (Net 30) unless otherwise agreed upon in written form. A late charge of 1.5% per month will be charged for all outstanding balances. A service charge of \$35 will be billed for each check returned by our bank for any reason.
- In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, applicant shall pay all reasonable attorney's fees and court costs incurred by RPM Consolidated Services, Inc. or any of it's subsidiaries and affiliated entities.

The undersigned has read and accepted the above credit terms and conditions.

OFFICER SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

PERSONAL GUARANTEE:

The undersigned agrees to act as a personal guarantor and co-signer to this agreement for all debts incurred both now and in the future for all monies owed by the Company, Persons, or Corporations who have signed this credit application and who have been extended credit both now and in the future. Guarantor recognizes, understands, and agrees that this guarantee cannot be revoked or rescinded if any balance remains owed and outstanding to the Vendor and Guarantor hereby waives their subrogation or recovery rights.

GUARANTOR SIGNATURE: _____ **DATE:** _____