

# RECMAR Products, Inc.

9222 Easthaven Blvd. Houston, TX 77075

Phone: (713) 944-4885 or (800) 793-9611

Fax: (713) 944-4809 or (800) 724-0199

www.recmar.com

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Business Description: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Year Established: \_\_\_\_\_ Legal Structure (C Corp, S Corp, LP, etc) \_\_\_\_\_

Under Laws of What State? \_\_\_\_\_ Tax Exemption Number \_\_\_\_\_

Does your company require purchase orders? \_\_\_\_\_

### TRADE REFERENCES (These will be checked prior to approval of credit)

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Annual Purchases: \$ \_\_\_\_\_/year

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Annual Purchases: \$ \_\_\_\_\_/year

3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Annual Purchases: \$ \_\_\_\_\_/year

**RECMAR Products, Inc. Credit Application**

This page of the payment agreement should be completed and signed by an Owner, Partner, or Corporate Officer of the applicant company.

Customer agrees to the following terms and conditions of RECMAR Products' open account payment agreement:

1. FULL PAYMENT IS DUE UPON OUR TERMS – NET 30
2. ACCOUNTS WHICH ARE OVER 30 DAYS PAST DUE WILL ASSUME COD STATUS
3. NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS
4. A THIRTY FIVE DOLLAR (\$35) SERVICE FEE WILL BE CHARGED FOR EACH RETURNED CHECK

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ACCEPTANCE OF THESE TERMS AND CONDITIONS ARE HEREBY SET FORTH BY AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT COMPANY.

THE UNDERSIGNED GUARANTEES PAYMENT OF ANY INDEBTEDNESS BY APPLICANT COMPANY TO RECMAR PRODUCTS.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**BOTH PAGES MUST BE COMPLETELY FILLED OUT**