



## Confidential Credit Application

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ FED TAX ID: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Sales: \_\_\_\_\_ E-mail Service \_\_\_\_\_

### Last previous Business Address, if at your present address less than Five Years

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

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

#### I. Names of Principal Officers, Partners, Owners or Members.

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

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

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

SS#: \_\_\_\_\_ Drivers Lic.#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

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

SS#: \_\_\_\_\_ Drivers Lic.#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

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

SS#: \_\_\_\_\_ Drivers Lic.#: \_\_\_\_\_ D.O.B. \_\_\_\_\_

# Confidential Credit Application

rf Services, Inc.

## Bank References:

1. **Bank:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

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

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

Bank Credit Line: \_\_\_\_\_ Secured: Yes \_\_\_\_ No \_\_\_\_

Type of Security: \_\_\_\_\_ Phone \_\_\_\_\_

2. **Bank:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

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

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

Bank Credit Line: \_\_\_\_\_ Secured: Yes \_\_\_\_ No \_\_\_\_

Type of Security: \_\_\_\_\_ Phone \_\_\_\_\_

## Trade References:

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Present Balance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Present Balance: \_\_\_\_\_

**Applicant understands and acknowledges, by submission of this information, that this information is represented by Applicant to be true and correct. Subject to the guidelines established by the Equal Credit Opportunity Act ("ECOA"), the Applicant authorizes rf Services, Inc. to investigate all credit references and all of the matters pertaining to Applicant's financial responsibility. All such inquiries shall be in compliance with and subject to the guidelines of ECOA. The Applicant, by submission of a signed copy of the Application, which must follow within 48 hours of the delivery of this Application, if by fax or telecopy, authorizes such banks and creditors to submit complete credit information for the purpose of analyzing such Application. This information is being provided solely for the Application, and shall not be used for any other purpose or disclosed to any third party.**

**Signed By:\_\_\_\_\_ Title:\_\_\_\_\_**

**Terms and Conditions of rf Services, Inc.**

In the event a legal action is commenced solely to enforce any of the terms of purchase or obligations created hereby or hereinafter, the legal action will be commenced in, and the proper place of trial therefore shall be, in a court of competent jurisdiction in the county in which rf Services, Inc. is located. The prevailing party in any such action will be entitled to a reasonable attorney's fee.

No term or condition hereof may be changed except by written consent of rf Services, Inc.

**Return Application To**

**rf Services, Inc.**  
442 Cadillac Parkway  
Dallas, GA 30157  
770.443.9511 Local  
770.443.9513 Fax  
800.446.4969 Toll Free