



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