



Customer Credit Information:

Name or Business Name _____ Amount of Credit Requested _____
 D/B/A _____ Federal Tax ID# _____
 Number of Employees _____ Est. Annual Sales _____ Sales Area _____
 Phone _____ Fax _____ E-mail _____
 Address _____ City _____ State _____ Zip _____
(If less than 2 years at above address)
 Previous Address _____ City _____ State _____ Zip _____
 Shipping Address *(if different from above)* _____ City _____ State _____ Zip _____
 Type of Business _____ Date Established _____ Years in Business _____
 Mortgage Holder/Landlord _____
 Address _____ City _____ State _____ Zip _____ Phone _____
 How would you like to receive your billing invoices? Fax E-mail

Customer Types:

Please classify your business. Check all that apply:

<input type="checkbox"/> Distributor	<input type="checkbox"/> Foodservice	<input type="checkbox"/> Chain (McDonalds, Tri-Star Marketing, etc.)
<input type="checkbox"/> Hotel	<input type="checkbox"/> HVAC Dealer	<input type="checkbox"/> Government (City, Dept of Ag, prisons, etc.)
<input type="checkbox"/> Medical (clinics, hospitals, nursing homes, etc.)		<input type="checkbox"/> Large Business (Cat, State Farm, etc.)
<input type="checkbox"/> Property Management (apartments, realtors, etc.)		<input type="checkbox"/> Non Profit
<input type="checkbox"/> Refrigeration Dealer		<input type="checkbox"/> Hydronic/Plumbing
<input type="checkbox"/> Utilities (electric, power, water, etc.)		<input type="checkbox"/> Schools
		<input type="checkbox"/> Vendor

Business Status:

Check appropriate boxes

Business is Taxable Business is tax exempt *(if tax exempt, please complete the "Uniform Sales & Use Tax" certificate attached with this form)*

Ownership is: Sole Proprietorship Partnership Corporation

Principals:

Name _____ Title _____ Social Security # _____
 Name _____ Title _____ Social Security # _____
 Name _____ Title _____ Social Security # _____

References:

Trade

Name	Address	Phone
_____	_____	_____
_____	_____	_____

Bank

Name	Address	Phone	Acct#	Contact
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has the firm or any of its Principals filed bankruptcy? No Yes Year of Judgement _____
 If yes, please explained _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. You are authorized to investigate the credit references and principals listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the agreed upon terms (net 30) and agrees to pay a service charge per month of 2% per month (24% APR) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collections costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. Venue for any court action will be Champaign County, Illinois.

Name _____ Title _____ Signature _____
 Name _____ Title _____ Signature _____



Personal Guarantee:

In consideration for Rogers Supply Company, Inc. (hereafter know as "RSC") extending credit to the business identified below for any materials and/ or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees and irrevocably the prompt payment of any sums now or hereafter owed to RSC by the business identified below whether said sums are due under open account, contract, or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between RSC and the business. RSC shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by RSC.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by RSC. Said notice shall specify the date on which the guarantee is to be terminated, said date not to be less than seven (7) days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date signed

Signature of person guaranteeing payment - Do not add title

Name of business whose account is guaranteed _____

Name (please print) _____

Home address _____ City _____ State _____ Zip _____

Home phone _____ Social Security # _____

Contact Information:

Sending your completed application and all attachments

Questions - 217-356-0166

Fax: 217-356-1768

Phone: 217-356-0166

U.S. Mail: Rogers Supply Co.
att: Credit Manager
350 N Walnut St.
Champaign, IL 61820

Office Use Only

Salesman # _____ Date _____

Line of Credit: Approved Denied Amount \$ _____

Comments: _____

Attachments: _____

Uniform Sales and Use Tax Certification

Issued to Seller: ROGERS SUPPLY COMPANY, INC.

PO BOX 740
CHAMPAIGN, IL 61824-0740

FAX: 217-356-1768

This is to certify that:

Name of Company (*Buyer*): _____

Address: _____

City: _____ State: ____ Zip: _____

Is engaged as a registered:

Wholesaler Retailer Manufacturer Other (*please specify*) _____

and is registered within the below listed state and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients, or components of a new product to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Description of Business: _____

General description of products to be purchased from the seller: _____

State: _____ State Registration or ID Number of Purchaser: _____

I further certify that if any property so purchased tax free is used or consumed by the company as to make it subject to Sales or Use Tax, we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certification shall be part of each order which we may hereafter give you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by city or state.

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter:

Authorized Signature: _____

Title: _____

Date: _____