Email Application to: accounting@riifo.com or fax to 470.655.1768

RIIFO

CREDIT&CUSTOMER APPLICATION

COMPANY INFORMATION							
Legal Name:		DBA					
Company Address:							
Billing Address:							
Shipping Address:							
Year Established:		Federal Tax ID No.					
Legal Status							
☐ Sole proprietorship:	☐ Partnership:	☐ Corporation:	☐ Other:				
Phone:	Fax:	Email:					
TYPES OF BUSINESS YOU ARE ENGAGED IN							
☐ Plumbing Supplies	☐ Industrial Supplies	☐ Hardware	☐ HVAC Supply Building				
☐ Building Materials	☐ Decorative Fixtures	☐ Home Center	☐ Oilfield Supply				
☐ Fire Protection	☐ Kitchen/Bath Showroom	□ ОЕМ					
Riifo Sales Rep:							
BILLING AND CREDIT INFORMATION							
Billing Address:							
AP Contact:							
AP Phone:		AP E-mail:					
Anticipated Yearly Sales:							
D&B No:							
Credit limit applied	Credit period applied						
BANK INFORMATION							
Bank Name	Phone/Email						
Contact	Acc#						
Bank Address							

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		TRADE RE	FEI	RENCES	}	
Reference 1:			Contact Person:			
Address:						
Phone:	Fax:			E-mail:		
Reference 2:		Co	Contact Person:			
Address:						
Phone:	Fax:			E-mail:		
Reference 3:		Co	Contact Person			
Address:						
Phone	Fa	ax				E-mail
Special Instructions						
Do you require Confirmation before shipping				YES	NO	
Do you require a purchase order before shipping			YES	NO		
Do you have special shipping /	delivery	instructions?				
Would you like your invoices sent via Email? If yes, please state your email accounts:			YES	NO		
I hereby certify that the informat with the understanding that it is t Furthermore, I hereby authorize t information to the company for w	to be used the financ	d to determine the cial institutions lis	amo ted i d for P	unt and con this cred to verify t	nditions it appli the info	cation to release necessary
TITLE		D	ATE			