



APPLICATION FOR CREDIT

PLEASE PRINT CLEARLY

Date _____

Company/Individual's Name _____

Billing Address _____

City _____ State _____ Zip _____

Business Phone _____ Home Phone _____ Mobile _____

Email Address _____ Fax _____

Accounts Payable Contact _____ Phone _____

Shipping Address _____

City _____ State _____ Zip _____

Principal(s) or Officer(s) name and title _____

Type of Business _____

Are you a Corporation or LLC? _____ Yes _____ No Years in Business _____

Federal ID or Social Security Number _____

Total number of trucks in fleet _____ Trucks leased on with _____

Are you exempt from sales tax in the state of MN or WI? _____ Yes _____ No
(if yes, please complete a Sales Tax Exempt form and return with your application)

Does your company require a Purchase Order Number? _____ Yes _____ No

If yes, please provide contact person to issue P.O. _____

_____ I am interested in e-billing

_____ I am interest in e-payments

(continued on next page)

References

Complete addresses are required. Providing email addresses or fax numbers will expedite the processing of your application.
References will be mailed unless email or fax numbers are given.

Bank References

Name

Address

City

State

Zip

Phone

Email

Fax

Contact Name

Trade References

1) Name

Address

City

State

Zip

Phone

Email

Fax

2) Name

Address

City

State

Zip

Phone

Email

Fax

3) Name

Address

City

State

Zip

Phone

Email

Fax

4) Name

Address

City

State

Zip

Phone

Email

Fax

TERMS: Net-No Discount. Due the 15th of the month following purchase. Finance charges are computed at an annual rate of 18% of balances left unpaid one month from closing date of statement. Customer is responsible for any reasonable collection costs incurred collecting any past-due amounts.

Authorization: The information given is true, correct, and complete. It is given for the purpose of obtaining credit. Rihm Motor Company is authorized to investigate the references and credit information listed to ascertain personal, partnership, or corporate credit and financial responsibility.

Signature

Authorized Officer/Title

INDIVIDUAL PERSONAL GUARANTY

In addition, if any action is required to collect my/our account, I/We acknowledge and accept the responsibility to cover any and all additional collection fees or services that may be incurred. I/We also agree to personally guarantee payment in full with reasonable attorney fees in the event the account becomes delinquent.

Signature

Print Name

Date

Signature

Print Name

Date

For office Use Only

References Sent

By

Approved

Disapproved

Account#

Credit Limit

Salesperson

Price Codes Set

Approval Letter Sent

Date Completed