

Division of Morris Rothenberg & Son, Inc.
3015 Veterans Memorial Highway
Ronkonkoma, NY 11779-0512



National Toll Free (800) 645-5195
(631) 585-9446
U.S. Fax: (631) 585-9447
International Fax: (631) 585-9442
www.Rothco.com
Email: info@Rothco.com

LEGAL NAME _____ INDIVIDUAL OWNER/ PARTNERSHIP
TRADE NAME(DBA) _____ DATE BUSINESS STARTED _____
ADDRESS _____ CORPORATION-WHAT STATE: _____
CITY _____ STATE _____ ZIP _____ RETAILER JOBBER LEASED
TELE: _____ THIS LOCATION IS A BRANCH OF _____
FAX: _____ CREDIT REQUESTED \$ _____ SS# _____ DUNS # _____
EMAIL ADDRESS: _____ WEB ADDRESS: _____

NAME OF OWNER/OFFICER _____ TITLE: _____
HOME ADDRESS/CITY _____
STATE _____ ZIP _____ HOME TELE:() _____ CELL: _____
DATE OF BIRTH _____ DRIVERS LICENSE NO: _____ STATE _____
 OWNS HOME RENTS IF YOU OWN YOUR OWN HOME, LIST MORTGAGE BANK: _____

NAME OF OWNER/OFFICER _____ TITLE: _____
HOME ADDRESS/CITY _____
STATE _____ ZIP _____ HOME TELE:() _____ CELL: _____
DATE OF BIRTH _____ DRIVERS LICENSE NO: _____ STATE _____
 OWNS HOME RENTS IF YOU OWN YOUR OWN HOME, LIST MORTGAGE BANK: _____

Has this firm, or officers, principals, partners or owners have filed a bankruptcy within the last ten years? Have any of these parties had federal, state, county or municipal tax liens or civil suits or judgements filed against them within the last six years. Indicate: Yes. If yes (regardless if paid) please attach a separate sheet or paper with full details. No.

I agree that by signing this agreement I authorize Rothco to check my credit. _____

BANK REFERENCES

BANK _____

BANK _____

ADDRESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CITY _____ STATE _____ ZIP _____

TELE: _____

TELE: _____

FAX: _____

FAX: _____

ACT NO. _____

ACT NO. _____

CONTACT PERSON: _____

CONTACT PERSON: _____

REFERENCES

FIRM _____

FIRM _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

TELE: _____ EXT: _____

TELE: _____ EXT: _____

FAX: _____ ACT# _____

FAX: _____ ACT# _____

FIRM _____

FIRM _____

ADDRESS _____

ADDRESS _____

CITY/STATE/ZIP _____

CITY/STATE/ZIP _____

TELE: _____ EXT: _____

TELE: _____ EXT: _____

FAX: _____ ACT# _____

FAX: _____ ACT# _____

YOU HAVE OUR PERMISSION TO CONTACT THE ACTIVE REFERENCES AND WE AGREE TO ABIDE BY YOUR TERMS OF SALE.

_____ FOB SHIPPING POINT AND WE PAY A SERVICE CHARGE OF 18% PER ANNUM FOR ANY outstanding balance not paid within these terms.

The owner agrees that in the event that Morris Rothenberg & Son , Inc. DBA Rothco is forced to take legal action against our firm, its owners, principals, officers, guarantors or myself, to reimburse the Creditor for all collection agency's, attorney's, marshal's and courts commissions and fees, process server or investigation costs, interest and all court costs as the court may adjudge. Customer, at our discretion, accepts jurisdiction in the event of legal action, debtor accepts jurisdiction of Suffolk, New York Courts.

Signature of Authorized Officer/Owner

Print Name as Signed

Date

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Bank Name: _____

Date: _____

Dear Sir / Madam:

Please be advised that in order to complete your credit application, we must have written consent from you to receive a credit reference from your bank.

Please complete the bottom portion of this letter and return to us via fax.

Thank you in advance for your cooperation.

Regards,

Claudia Carrillo
Credit Department

**PLEASE FAX BACK TO (631) 585-9447 OR
EMAIL AT CLAUDIA.CARRILLO@ROTHCO.COM**

_____ Yes, I Agree

_____ No, I Do Not Agree

Signature