



Roof Curb Systems

Featuring the TRAC Rail® Roof Penetration System

APPLICATION FOR CREDIT

COMPANY NAME _____ FAX:(____) _____
 BILLING ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE(____) _____
 HOME OFFICE ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE(____) _____

TYPE OF BUSINESS _____ DATE BUSINESS ESTABLISHED ____/____/____ AS
 _____ INDIVIDUAL _____ PARTNERSHIP _____ LIMITED PARTNERSHIP _____ CORPORATION

| OFFICERS / OWNERS NAMES | TITLES | ADDRESS | PHONE |
|-------------------------|--------|---------|--------------|
| _____ | _____ | _____ | (____) _____ |
| _____ | _____ | _____ | (____) _____ |

ARE YOU SALES and/or USE TAX EXEMPT? _____ YES _____ NO
 IF YES PLEASE ENCLOSE A COPY FOR OUR RECORDS.

ANY RESTRICTIONS ON PERSON(S) WHO CAN ACT AS AN AGENT FOR YOUR FIRM _____

 ACCOUNTS PAYABLE CONTACT - NAME _____ PHONE(____) _____

BUSINESS PROPERTY IS _____ OWNED _____ LEASED - LEASED FROM _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 CONTACT _____ PHONE(____) _____

BANK NAME _____ PHONE(____) _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 OFFICER HANDLING _____ PHONE(____) _____
 CHECKING ACCOUNT NO: _____ SAVINGS ACCT NO. _____ OTHER _____

PLEASE SUPPLY REFERENCES WITH ACCOUNTS SET UP EQUAL TO (OR MORE THAN) THE AMOUNT OF CREDIT

| REQUESTED. | 1. | 2. | 3. | 4. |
|----------------|-------|-------|-------|-------|
| REFERENCE: | _____ | _____ | _____ | _____ |
| ADDRESS: | _____ | _____ | _____ | _____ |
| CONTACT | _____ | _____ | _____ | _____ |
| PHONE # (____) | _____ | _____ | _____ | _____ |
| FAX# (____) | _____ | _____ | _____ | _____ |

FAX NUMBER REQUIRED

* IF AVAILABLE, PLEASE ATTACH COPY OF YOUR DUN & BRADSTREET (OR OTHER) CREDIT REPORT.

The undersigned applicant does hereby certify that the information given is correct and complete and agrees to permit Roof Curb Systems, LLC to use this information for obtaining credit information. If, after checking the above information, this applicant is approved, it is agreed and understood by Roof Curb Systems, LLC and the Undersigned that all purchases made will be PAID IN FULL within 30 days from invoice date.

DATE ____/____/____ COMPANY NAME _____

BY _____ TITLE _____
 (AUTHORIZED SIGNATURE)

More than a Curb, a System.

Roof Curb Systems

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