RH FASTENER SUPPLY, INC;   816-587-8699
4210 NW RIVERSIDE STREET   816-587-8468 – FAX
RIVERSIDE, MO 64150

CREDIT APPLICATION

Line of Credit Requested: $_____

Business Name: _____

Bill To Address: _____
                        (Street)   (City)   (State)   (Zip)

Ship To Address: _____
                        (Street)   (City)   (State)   (Zip)
Phone#_____Fax#_____

Federal Tax I.D.# _____Date Established_____

Ownership: Sole Owner_____ Partnership _____Corporation_____

Principal: _____
            (Name)   (Title)
Principal: _____
            (Name)   (Title)
Inside Contact: _____Direct #_____Fax#_____
            (Name)   Or Ext.

Preference for receiving invoices: Mailed; _____ Faxed: #_____ Emailed: _____

Trade References:

Name_____   Name_____
Address_____   Address_____
_____   _____
Phone#_____   Phone#_____
Fax#_____   Fax#_____

Name_____   Name_____
Address_____   Address_____
_____   _____
Phone#_____   Phone#_____
Fax#_____   Fax#_____

Bank References: _____
            (Name)   (Phone#)

_____   _____
Signature   Date