



CREDIT APPLICATION

[FORM #C001]

ROOTER-MAN PO Box 30098 Charleston, SC 29417-0098
FAX: 843-225-5964

BUSINESS TYPE: Sole Proprietorship Partnership Corporation in State of _____

Number of years in business _____ D & B Number _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME AND ADDRESS OF INDIVIDUALS OR PARTNERS — NAME/TITLE/PHONE NUMBER OF CORPORATE OFFICERS

NAME OF CONTACT: REGARDING PURCHASE ORDERS & INVOICE PAYMENTS/TITLE/ADDRESS AND PHONE NUMBER

BANK REFERENCES: NAME, ADDRESS, TELEPHONE NUMBERS, AND ACCOUNT NUMBERS

TRADE REFERENCES: COMPANY NAME/ADDRESS/CONTACT AND TITLE/AND PHONE NUMBER

THE ABOVE INFORMATION IS HERewith SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE	SIGNED _____ -
	TITLE _____ -
	DATE _____ -
	_____ -

Has applicant ever filed bankruptcy or been an officer or shareholder of a corporation which has filed bankruptcy? YES NO If yes, please explain below (use additional sheet if needed):
