

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT NET 30 TERMS

BUSINESS CONTACT INFORMATION						
Title		Date business commenced				
Company name		☐ Sole proprietorship				
Phone   Fax		☐ Partnership				
E-mail		☐ Corporation				
Registered company address		☐ Other				
City, State ZIP Code						
BUSINESS AND CREDIT INFORMATION						
City, State ZIP Code		Bank name:				
How long at current address?		Primary business address				
		City, State ZIP Code				
Phone		Phone				
Fax		Account number				
E-mail		Type of account	□Savings □ Checking □ Other			
BUSINESS/TRADE REFERENCES						
Company name		Phone				
Address		Fax				
City, State ZIP Code		E-mail				
Type of account		Other				
Company name		Phone				
Address		Fax				
City, State ZIP Code		E-mail				
Type of account		Other				
Company name		Phone				
Address		Fax				
City, State ZIP Code		E-mail				
Type of account	□Savings □ Checking □ Other	Other				

## **AGREEMENT**

- 1. All invoices are to be paid 30 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize R Heroes USA., LLC and its representatives to make inquiries into the banking and business/trade references that you have supplied.
- 4. You also agree, by signing, that if credit terms are granted and the net 30 terms are not met (full payment 30 days from the date of the invoice) your credit privileges may be suspended and a monthly late fee of 1.5% of the invoice total will apply.
- 5. RETURN THIS APPLICATION TO: <u>SALES@RHEROESUSA.COM</u> or Mail to: R Heroes USA, LLC. P.O. Box 485, San Dimas, CA 91773

SIGNATURES				
Signature		Signature		
Name and Title		Name and Title		
Date		Date		