

# CREDIT APPLICATION FORM

TO ROMCO SALES CO. LLC. ,Inc. \_\_\_\_\_ DATE \_\_\_\_\_

**FOR: The purpose of obtaining merchandise from the Romco Sales Co. LLC., inc. on a CREDIT ACCEPTANCE POLICY. The following statements are made in writing intending that you should rely on them as true and accurate:**

Firm Name \_\_\_\_\_

If D.B.A. What is the legal name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax I.D. Number \_\_\_\_\_

Owner Name(s) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Kind of Business \_\_\_\_\_ Fax Number: \_\_\_\_\_

At present location since \_\_\_\_\_ Year established \_\_\_\_\_

Is business incorporated \_\_\_\_\_ If so what State and year \_\_\_\_\_

Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Branch \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_

## TRADE REFERENCES (Please suppliers only, no sub contractors)

Firm Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ Fax Number: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ Fax Number: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ Fax Number: \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

I hereby state that I have read and agree to the **TERM AND CONDITIONS** of the Romco Sales Co.LLC., Inc. dated (April 02, 2009).

I hereby agree that the laws of the State of New York shall be applicable in any and all disputes of an interstate nature.

I hereby agree on any and all legal proceedings, the venue shall be the **Bronx County, State of New York**.

I hereby agree to a **\$40.00** service charge on returned checks.

I acknowledge the right of Romco Sales Co. LLC., Inc. to revoke my **CREDIT ACCEPTANCE** privileges at any time, at their discretion without notice.

**TERMS - NET 30 DAYS NO DISCOUNTS 1-1/2% INTEREST PER MONTH (18% PER annum) After 30 DAYS**

CUST. I.D.
REVIEWED BY
ACTION
DATE

SIGNED \_\_\_\_\_  
FULL LEGAL NAME OF FIRM

BY \_\_\_\_\_  
SIGNATURE OF OFFICER, OWNER OR PARTNER

BY \_\_\_\_\_  
PRINT NAME AND TITLE

# Romco Sales Co.

416 East 174th Street Bronx, NY 10457  
**TEL: 718.583.7100 | FAX: 718.731.1152**