



**U.S. & Canada Phone:**  
**800.343.4542**  
**Fax: 800.554.0407**

Customer # _____
Rep. _____

**CREDIT APPLICATION FOR NET 30 TERMS**

In order to process your application, all sections must be completed in full. Fax completed form to 704-867-1330, or email to credit@rowleycompany.com.

**Your State Resale Tax Certificate must be included with this application.**

Name of Business \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Contact \_\_\_\_\_

D.B.A. or A.K.A. (if applicable) \_\_\_\_\_

Billing Address (if different than above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner(s) \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fed Tax ID # \_\_\_\_\_

Cell Phone \_\_\_\_\_ State Resale Cert. # (must be attached) \_\_\_\_\_

Fax \_\_\_\_\_ How long in business \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**BUSINESS REFERENCES**

1. Company \_\_\_\_\_ Account # \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

2. Company \_\_\_\_\_ Account # \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

3. Company \_\_\_\_\_ Account # \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_

**AUTHORIZATION**

This application is submitted to Rowley Company for the purpose of obtaining credit. The undersigned verifies that all information contained herein is accurate and complete, and that Rowley Company may rely on such information in deciding to extend/discontinue credit. The undersigned hereby authorizes the release of credit information to Rowley Company by our company's banks, trade references, and financial institutions. He or she further agrees to make payments in full for all the amounts due within the terms stated on each invoice. Undersigned agrees that late payments will result in a monthly finance charge of 18% per annum on the outstanding balance until paid. Should there be a default of any such payments, the undersigned agrees to pay reasonable collection fees, and court costs incurred by Rowley Company, should a suit be filed.

**Rowley Company**  
**230 Meek Road / Gastonia / NC / 28056**  
 Phone: (toll-free) 800-343-4542 / (local) 704-866-0650  
 Fax: (toll-free) 800-554-0407 / (local) 704-868-9787  
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_____	_____
Owner or Authorized Signature (Required)	Date
_____	_____
Please Print Name	Title