

CREDIT APPLICATION



In order to establish credit with Rapat Corporation, please send the following information, along with written authorization for your references to be released by your credit referrals.

Company Name:

Billing Address:

Physical Address:

City: State/Province: ZIP/Postal Code:

Phone: Fax:

Sales Tax No.: *(Please send copy of certificate.)*

Your A/P Contact: Phone:

Type of Business: Corporation Partnership Proprietorship

Bank Reference

Name of Bank: Office:

Street Address:

City: State/Province: ZIP/Postal Code:

Phone: Fax:

Trade References *(Rapat requires one reference from a U.S. company.)*

Company Name: Street Address:

Phone: Fax:

Company Name: Street Address:

Phone: Fax:

If you are located outside the U.S.

Broker: GST #:

Signature: Date:

Title: