

Residential Essentials

P.O. Box 340 · Kiefer, OK 74041
Phone 918-321-2600 · Fax 918-321-2601
Email · orders@residentialessentials.com

Customer Information & Credit Application

Business Name:	<input type="text"/>		
Owner Name:	<input type="text"/>		
Billing Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email Address:	<input type="text"/>	Sales Tax Permit #:	<input type="text"/>
Ship to Address:	<input type="text"/>		
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

Credit References

Please complete all information to avoid delays in processing your application.

Company:	<input type="text"/>	Account Number:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Company:	<input type="text"/>	Account Number:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Company:	<input type="text"/>	Account Number:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>

Bank References

Bank Name:	<input type="text"/>	Account Number:	<input type="text"/>
Bank Address:	<input type="text"/>	Contact Name:	<input type="text"/>
City:	<input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>

Agreement

1. All invoices are to be paid 30 days from date of invoice.
2. Claims arising from invoices must be made within 5 working days.
3. By submitting this application, you authorize Residential Essentials to make inquiries into the banking and business credit references that you have supplied.

Name:	<input type="text"/>	Signature:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>