



Rosenthal & Rosenthal
SINCE 1938

Rosenthal & Rosenthal, Inc.
CREDIT APPLICATION
(PLEASE COMPLETE IN FULL)

LEGAL NAME OF BUSINESS: _____

TRADE NAME / DBA: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

COMPANY OFFICERS: _____ TITLE _____

_____ TITLE _____

_____ TITLE _____

_____ TITLE _____

(PLEASE ✓) PROPRIETORSHIP PARTNERSHIP CORPORATION OTHER: _____

HOW LONG IN BUSINESS: _____ NUMBER OF LOCATIONS: _____

BANK INFORMATION:

BANK NAME : _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TRADE REFERENCES:

1) COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

2) COMPANY NAME: _____ ACCOUNT #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TRADE REFERENCES: (continued)

3) COMPANY NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

4) COMPANY NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

5) COMPANY NAME: _____ ACCOUNT #: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____

- It is understood that this application is subject to approval by the Credit Department of Rosenthal & Rosenthal and that the extension of credit and/or limits thereof shall be determined solely by Rosenthal & Rosenthal for the sole benefit of Rosenthal & Rosenthal.
- Past due balances will be subject to a service charge of 1.5% per month (or maximum rate allowable by law) and Customer specifically agrees to imposition of this service charge on past due accounts.
- In the event of default by Customer under this Credit Application, then Customer agrees to pay all of Rosenthal & Rosenthal's expenses in collecting any sums due from Customer or otherwise enforcing this Credit Application, including reasonable attorney's fees.

THE FORGOING STATEMENTS AND ANY ACCOMPANYING FINANCIAL STATEMENTS ARE CORRECT AND WERE PROVIDED TO INDUCE ROSENTHAL & ROSENTHAL TO EXTEND CREDIT TO CUSTOMER.

IMPORTANT NOTICE: If the credit is established and extended to an applicant who represents itself as a proprietorship or partnership, liability for any outstanding balance will be to individual owners, jointly or severally.

(MUST BE SIGNED AND DATED BY OWNER OF PROPRIETORSHIP, PRESIDENT AND SECRETARY IF CORPORATION, AND ALL GENERAL PARTNERS IN CASE OF A PARTNERSHIP.)

DATE EXECUTED: _____ (TITLE)

ATTEST (IF CORPORATION) _____ (TITLE)

_____ (TITLE)

Corporate Secretary

Please return to Jeff Frisina at:
jfrisina@rosenthalinc.com or fax to 404.334.9122

Mailing address:
Rosenthal and Rosenthal Southeast
3379 Peachtree RD NE #600
Atlanta GA 30326

AUTHORIZATION FOR THE RELEASE OF A BANK REFERENCE

NAME OF COMPANY: _____

NAME ON ACCOUNT: _____

TAX ID #: _____

BANK NAME: _____

BANKING OFFICER: _____

PHONE: _____ **FAX:** _____

ACCOUNT NUMBERS:

CHECKING: _____ **CREDIT LINE:** _____

SAVINGS: _____ **TERM LOAN(S):** _____

OTHER: _____

I hereby request that my company's bank, listed above, release any information necessary for a bank reference from my records to Rosenthal & Rosenthal. I also understand that I (we) will hold said bank harmless of the information released whether or not it is in good standing or if it is adverse. By signing below, I am attesting that the above given information is true and correct to the best of my knowledge and that I am an authorized signer for the above named account(s).

NAME OF AUTHORIZED SIGNER (Please print)

SIGNATURE

TITLE

DATE