

REGENCY INTERNATIONAL

50 BROADWAY 3RD FL.
NEW YORK, NY 10004

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FAX: (212) 685-2062
HQ@REGENCY-RIB.COM

CONFIDENTIAL CREDIT APPLICATION

We hereby apply for the extension of credit by your firm. The following information is submitted as a basis for your consideration of our application.

FIRM NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: _____ FAX: _____ EMAIL: _____
FEDERAL TAX ID: _____

Year Established: _____ Tax Exempt#: _____ (Please attach copy of certificate)
Corporation _____ Partnership _____ Limited Partnership _____ Proprietorship _____
Names of Officers: _____ S.S.N. _____
Or Partners: _____ S.S.N. _____

ACCOUNTS PAYABLE

NAME: _____ EMAIL: _____ PHONE: _____

TRADE REFERENCES

NAME: _____ ACCT # _____ FAX#: _____
ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ EMAIL: _____

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ADDRESS: _____ CITY: _____
STATE: _____ ZIP: _____ EMAIL: _____

You are authorized to contact any or all of the references regarding our credit standing. I/we certify that the above information is true.

BANK & CREDIT CARD INFORMATION

NAME: _____ ACCT# _____ TYPE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: _____

CREDIT CARD NUMBER: _____ EXP: _____ SECURITY CODE: _____

WE ARE AUTHORIZED TO CHARGE YOUR CREDIT CARD IN THE EVENT THE ACCOUNT BALANCE WITH YOU EXCEEDS 90 DAYS PAST DUE.

COMPANY NAME: _____ DATE: _____

AUTHORIZED
SIGNATURE: _____

TITLE: _____

GENERAL/PERSONAL GUARANTEE

I/WE HEREBY AGREE TO THE TERMS AND CONDITIONS AS STATED AND DO ASSUME PERSONAL LIABILITY FOR PAYMENT OF SAID APPLICANT'S ACCOUNT,

NAME: _____

TITLE: _____

SIGNATURE: _____

DATE: _____

EMAIL: _____