1440 Lower Ferry Road
Ewing, NJ 08618

Phone: 1-888-277-9553
Fax: 1-609-989-1199

Email: info@rhythmoutdoor.com
Website: rhythmoutdoor.com

Credit Application / Agreement

(Please print or type, fill in all blanks, and answer all questions)

1. Individual or Firm Name	FEIN / SSN			Phone #
DBA	Email Address			Fax # / Cell #
2. Address: Street	City	County	State	Zip Code
Mailing Address: (P.O.Box or Drawer)	City	County	State	Zip Code
3. Type of Business (Please check one) ☐ Corporation ☐ Individual / Proprietorship ☐ Partnership ☐ Other			Date Established	State of Incorp.

Ownership

4. Principal or Officer	Title	SSN	Spouse	% Owned	Home Address
1)					
2)					
3)					

Business Bank References

5. Name	Phone #	Acct #	Officer	Acct Type
Street	City	State	Zip Code	☐ Check ☐ Savings ☐ Loan ☐ Other

Personal Bank References

6. Name	Phone #	Acct #	Officer	Acct Type
Street	City	State	Zip Code	☐ Check ☐ Savings ☐ Loan ☐ Other

7. Requested Credit Line: $_____

8. Tax Exemption #: _____ (Attach certificate copy)

Business Credit / Trade References

9. Name	Acct #	Phone # (Required)	Email Address (Required)
1)			
2)			
3)			

10. The undersigned authorizes the seller to contact the above references and to conduct and investigation concerning the credit standing of the applicant. The facts stated above are true and correct.

11. The undersigned also understands and agrees to the following terms: Invoices are due for payment 30 days from date of invoice. A 15% (18%APR) finance charge will be added to any account not paid within thirty days of the due date. A fee of $25.00 will be charged to the account for any returned checks. If any action, litigation, arbitration or other processing is necessary to enforce this agreement, the seller shall be entitled to recover it's attomey fees, costs and expenses. Governing law: The laws of the state of New Jersey shall govern this agreement.

Signature: _____ Title: _____ Date:_____