



Roadplates.com, LLC  
 800-99-PLATE  
[sales@roadplates.com](mailto:sales@roadplates.com)  
 PO BOX 96  
 Walpole, MA 02081

## Roadplates.com, LLC Credit Application

### COMPANY INFORMATION

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Accounts Payable Contant: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### TRADE INFORMATION

Years In Business \_\_\_\_\_ Years at Present Location \_\_\_\_\_ # of Employees \_\_\_\_\_  
 D-U-N-S #: \_\_\_\_\_ State Incorporated \_\_\_\_\_  
 Ownership is: Individual ( ) Partnership ( ) Corporation ( ) Joint Venture ( )  
 Are you a: Division ( ) Subsidiary ( ) Branch ( )

**TAX EXEMPT INFORMATION** - We are required to charge applicable sales tax unless you provide us with a signed copy of your state's tax exemption form. Contact our credit department if you need a blank form.

### BANK INFORMATION

Bank Name: \_\_\_\_\_ City & State: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Bank Contact: \_\_\_\_\_ Years with Bank: \_\_\_\_\_  
 Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby apply for an open credit account with Roadplates.com, LLC located in Walpole, MA. With my full knowledge and consent, I do hereby authorize our bank(s) to release information regarding any deposit and/or loan accounts. If open credit terms are approved, I understand and agree to pay for purchases within the standard terms (NET 30 DAY) of Roadplates.com, LLC. Truckload deliveries will be billed on day of shipment. Railcar deliveries will be billed on day of shipment on NET 30 DAY terms and if rail delivery take longer, then purchaser will pay in Net 5 days of receipt of material. I will pay finance charges for amounts outstanding beyond such terms of 1.5% per month (18% annually).

Failure to remit payments within approved terms may result in adverse credit reporting to risk management organizations. Application of late fees and/or insufficient funds to the purchaser account, imposition of attorney fees and court costs charged to Roadplates.com, LLC for pursuing collections of purchaser's charges: imposition of interest on any amount that is delinquent or imposition of collection fees associated with remanding the account to a third part for collection purposes.

Authorized Agents Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature:

## TRADE REFERENCES

Please include at least three (3) trade or credit references. Please include their name, address, phone number and fax, as well as years doing business. If you have a credit reference sheet that already includes all of this information on it, you may supply it to us as an attached document/file. Please be sure to still sign signature lines included in this application.

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Length of Relationship: \_\_\_\_\_ Industry: \_\_\_\_\_ Products/Services Bought: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Length of Relationship: \_\_\_\_\_ Industry: \_\_\_\_\_ Products/Services Bought: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Length of Relationship: \_\_\_\_\_ Industry: \_\_\_\_\_ Products/Services Bought: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**I HAVE APPLIED FOR CREDIT WITH ROADPLATES.COM, LLC IN WALPOLE, MA WITH MY FULL KNOWLEDGE AND CONSENT. I DO HEREBY AUTHORIZE MY CREDITORS AND BANK TO RELEASE INFORMATION REGARDING MY ACCOUNTS.**

SIGNATURE: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Upon completion, please return all paperwork to our credit department via email or fax at the below destinations. Thank you. Send this completed form to:**

**Roadplates.com, LLC.  
Attn: Accounts Receivable Dept.  
Scan or Email: [sales@roadplates.com](mailto:sales@roadplates.com)  
FAX: (508)-850-3922  
PO BOX 96  
Walpole, MA 02081**

**Thank you,  
you will be hearing from our office shortly about the result of your application.**