

Credit Application

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Ownership

Corporate Partnership Proprietorship Years in business _____

Estimated purchases per month \$ _____

Description of business _____

Federal Tax ID# _____ Tax Exempt # _____

(Please send copy)

Personnel _____ Owner (x) _____

President _____

Vice President _____

Purchasing Agent _____

Accounts Payable _____

Bank _____ Phone _____

Contact _____

Account # _____

Fax# _____

Trade References

1. _____ Phone _____

Fax _____

2. _____ Phone _____

Fax _____

3. _____ Phone _____

Fax _____



STONE PRODUCTS

Lowest Delivered Price. Guaranteed.SM

Phone Toll Free 1-800-624-8210
or 1-757-340-5611

**Fax to 1-800-525-8481
or 1-757-340-3301**

I hereby authorize our bank and trade references to release credit information to REGENT PRODUCTS INC. I expect REGENT PRODUCTS INC. to keep all information in strictest confidence. I also agree to comply with the terms of sale of REGENT PRODUCTS INC. and agree to pay all costs incurred should my account be submitted for collection.

Signature of Owner/Agent _____ Date _____