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Name of Company Phone Number FAX Number

Mailing Address of Company City State Zip Code

Shipping Address of Company City State Zip Code

Date of establishment of this Business Seller's permit Number

Name of President/ Owner/General Partner City State Zip Code

**TRADE REFERENCES**

Name Phone Number FAX Number

Mailing Address City State Zip Code

Name Phone Number FAX Number

Mailing Address City State Zip Code

Name Phone Number FAX Number

Mailing Address City State Zip Code

**BANK REFERENCE**

Name Of Bank Phone Number Account Number

Mailing Address City State Zip Code

I have provided the information set forth above in order to secure credit from American RO. I acknowledge that American RO will assume this information is true and rely on it. I authorize the companies listed above to provide credit information about my company to American RO. Unless otherwise provided, my company will pay each invoice within 30 days after it is mailed. If an invoice is not paid within 30 days, my company agrees to pay interest at the rate of 1.5% per month on the amount due from the date of the shipment. In addition, if American RO takes legal action to collect this amount, I will pay reasonable attorneys' fees and court costs. BY SIGNING THIS APPLICATION, I PERSONALLY GUARANTEE PAYMENT BY MY COMPANY AND, IF MY COMPANY FAILS TO PAY THE AMOUNT WHEN DUE, I WILL PAY IT.

Print Name Signature Title Date