

# Residential Essentials

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## Customer Information & Credit Application

Business Name:

Owner Name:

Billing Address:

City:  State:  Zip:

Phone:  Fax:

Email Address:  Sales Tax Permit #:

Ship to Address:

City:  State:  Zip:

### Credit References

Please complete all information to avoid delays in processing your application.

Company:  Account Number:

Phone:  Fax:

Company:  Account Number:

Phone:  Fax:

Company:  Account Number:

Phone:  Fax:

### Bank References

Bank Name:  Account Number:

Bank Address:  Contact Name:

City:  State:  Zip:

Phone:  Fax:

### Agreement

1. All invoices are to be paid 30 days from date of invoice.
2. Claims arising from invoices must be made within 5 working days.
3. By submitting this application, you authorize Residential Essentials to make inquiries into the banking and business credit references that you have supplied.

Name:  Signature:

Title:  Date:

By initializing this box your name will be recognized as your signature when Emailing this form