

APPLICATION FOR ACCOUNT

RNK DISTRIBUTING

3400 Division Street Phone: (865) 549-5115
 Knoxville, TN 37919 Fax: (865) 549-5116
 info@RNKDistributing.com



COMPANY NAME

ACCOUNTS PAYABLE REPRESENTATIVE

ADDRESS

BANK NAME (Checking)

CITY STATE ZIP

CITY STATE ZIP

PHONE FAX

BUSINESS NAME APPEARING ON CHECK

WEBSITE EMAIL

NUMBER OF YEARS IN BUSINESS _____

TYPE OF OWNERSHIP

Corporation Partnership Individual

CREDIT TERMS PREFERRED

Net 30 COD Only VISA / Master Card

TYPE OF BUSINESS

Store Manufacturer Distributor
 Cataloguer Web Based Designer/Author

CREDIT CARD # _____ CCV _____

EXPIRATION _____

Please give three (3) business references. *This section must be filled out.*

COMPANY NAME	COMPANY NAME	COMPANY NAME
ADDRESS	ADDRESS	ADDRESS
CITY STATE ZIP	CITY STATE ZIP	CITY STATE ZIP
ACCT #	ACCT #	ACCT #
PHONE	PHONE	PHONE
FAX	FAX	FAX

PERSONAL INFORMATION FOR OWNERS/OFFICERS

COMPANY NAME

COMPANY NAME

COMPANY NAME

ADDRESS

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

CITY STATE ZIP

HOME PHONE

HOME PHONE

HOME PHONE

TITLE

TITLE

TITLE

SOCIAL SECURITY #

SOCIAL SECURITY #

SOCIAL SECURITY #

All accounts require a credit card on file. Our terms are Net 30. If you fail to pay at Net 30, by signing below, you agree that we may charge your card for the past due amount.

DATE SIGNATURE PRINTED NAME TITLE