



Rogers Group, Inc.  
P.O. Box 25250  
Nashville, TN 37202

REOSTONE, LLC.  
6514 Robertson Ave.  
Nashville, TN 37209

**CREDIT APPLICATION AND ACCOUNT INFORMATION  
(CONFIDENTIAL)**

Company Name \_\_\_\_\_  
Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number: Office ( \_\_\_\_\_ ) Fax ( \_\_\_\_\_ )

**Organizational Information**

Please check one of the following: Corporation (  ) Partnership (  ) \*Individual (  ) LLC (  )

\*To be completed if an individual

\*Business Phone ( \_\_\_\_\_ ) \*Home Phone ( \_\_\_\_\_ )

\*Place of Employment \_\_\_\_\_ \*Social Security Number \_\_\_\_\_

Federal ID Number \_\_\_\_\_ Tax Exempt: Yes (  ) No (  )

**IF TAX EXEMPT, CERTIFICATE MUST BE ATTACHED.**

How many years have been in business \_\_\_\_\_ Were any principals in business before: Yes (  ) No (  )

If so, give name of business and reason for discontinuing: \_\_\_\_\_

Has bankruptcy ever been filed? Yes (  ) No (  ) If yes, give date: \_\_\_\_\_

Credit Limit Desired: \_\_\_\_\_

Will signed purchase orders be issued? Yes (  ) No (  )

Rogers Group location(s) purchasing from \_\_\_\_\_

We have regular credit accounts with the following and authorize you to contact them for necessary credit information.

**TRADE REFERENCES**

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone ( _____ ) _____	Telephone ( _____ ) _____

**BANK REFERENCES**

Name and Address of bank \_\_\_\_\_  
Type of Account: Loan \_\_\_\_\_ Checking \_\_\_\_\_ Contact \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Account Number \_\_\_\_\_

It is agreed all invoices will be paid within 30 days and any invoice not paid within 30 days shall be considered past due and shall be charged 1 ½ % interest per month on the unpaid balance, or the maximum rate permitted by applicable state law, whichever is lesser. We, the undersigned, understand, acknowledge, and accept the Company terms of sale and certify the information given herein is true and correct.

If this application is accepted, I agree to bear all reasonable charges incurred in collecting this account to include service charges and all reasonable attorney's fees.

**Must be signed by a corporate officer, all partners, or owner(s)**

BY: \_\_\_\_\_  
APPLICANT

Date: \_\_\_\_\_

PRINT

TITLE

(over)

