



MAKERS OF RESPIRATORY VALVES SINCE 1938

HANS RUDOLPH, inc. 8325 Cole Parkway, Shawnee, KS 66227 USA

PH: (913) 422-7788 USA & Canada: (800) 456-6695 FAX: (913) 422-3337 hri@rudolphkc.com
ISO 9001:2000 ISO 13485:2003 www.rudolphkc.com

Domestic Credit Application

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_
POSTAL BOX: \_\_\_\_\_ STREET \_\_\_\_\_
CITY: \_\_\_\_\_
STATE/ZIP: \_\_\_\_\_
TYPE OF OWNERSHIP - CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_
IF CORPORATION; DATE & STATE OF INCORPORATION \_\_\_\_\_
IF PARTNERSHIP OR INDIVIDUAL; NAMES & ADDRESS OF ALL PARTNERS: \_\_\_\_\_

SALES TAX EXEMPTION NUMBER: \_\_\_\_\_
PHONE # \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_
(Please include area code)
FAX # \_\_\_\_\_ WEBSITE: \_\_\_\_\_
PRESIDENT \_\_\_\_\_ VICE PRESIDENT \_\_\_\_\_
SALES MANAGER \_\_\_\_\_ SERVICE MANAGER \_\_\_\_\_
PURCHASING MANAGER \_\_\_\_\_ OTHER \_\_\_\_\_
NUMBER OF EMPLOYEES: MFG \_\_\_\_\_ ENGR \_\_\_\_\_ SALES \_\_\_\_\_ ADMIN \_\_\_\_\_ TOTAL \_\_\_\_\_
FACILITIES: OWN: \_\_\_\_\_ LEASE \_\_\_\_\_ OTHER LOCATIONS: YES \_\_\_\_\_ NO \_\_\_\_\_
IF YES & APPLICABLE TO US LIST ON SEPARATE SHEET

SUPPLIER CREDIT REFERENCES: NAME, ADDRESS, PHONE & CONTACT
1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

BANK \_\_\_\_\_ ADDRESS \_\_\_\_\_
CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ESTIMATE OF RUDOLPH CREDIT REQUIRED: CURRENT \$ \_\_\_\_\_ NEXT YEAR \$ \_\_\_\_\_

IN SUBMITTING THIS APPLICATION FOR CREDIT I AUTHORIZE HANS RUDOLPH, INC. TO MAKE AN INVESTIGATIVE REPORT. THIS INQUIRY INCLUDES INFORMATION AS TO THE COMPANY AND ITS EMPLOYEES CHARACTER, GENERAL REPUTATION AND FINANCIAL HISTORY. WE UNDERSTAND YOUR TERMS WHICH ARE NET 30 DAYS UNLESS OTHERWISE AGREED UPON IN WRITING AND/OR OTHERWISE NOTED IN OUR INVOICE TERMS BLOCK AND AGREE TO ABIDE BY THEM.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_
TYPED NAME \_\_\_\_\_

FOR HANS RUDOLPH, INC. CREDIT USE ONLY
CREDIT OK'D \_\_\_\_\_ CREDIT REFUSED \_\_\_\_\_ MAXIMUM AMOUNT \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_