



MAKERS OF RESPIRATORY VALVES SINCE 1938

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

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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 _____