



# RAPID PREP

## APPLICATION FOR CREDIT

FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX \_\_\_\_\_  
PLEASE CHECK : INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INCORPORATED \_\_\_\_\_  
IN BUSINESS SINCE (YR) \_\_\_\_\_ EIN# (FED ID NO.) \_\_\_\_\_

### PRINCIPAL

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ACCOUNTS PAYABLE CONTACT \_\_\_\_\_  
AP EMAIL ADDRESS \_\_\_\_\_

### CREDIT REFERENCES

1. FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
2. FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
3. FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_
4. FIRM NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
TEL # \_\_\_\_\_ FAX # \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### BANK

NAME \_\_\_\_\_  
ADDRESS OF BRANCH \_\_\_\_\_  
ACCOUNT # \_\_\_\_\_

### TAX EXEMPT

IS YOUR COMPANY TAX EXEMPT? \_\_\_\_\_ (IF YES PLEASE ATTACH ATAX EXEMPT CERTIFICATE)

### THE UNDERSIGNED AGREES THAT:

Affirms that the information provided is in all respect true, accurate and complete, and is furnished with the interest that it is relied upon by Rapid Prep, LLC, in extending credit terms to the undersigned, and that no information which might affect Rapid Prep, LLC decision in extending credit has been withheld. We assure you that we will treat the above statements with confidence and for our use only. Interest on overdue accounts will be charged 1.5% per month.

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Send completed application to:** Rapid Prep • 44 Cross Park Ave • North Kingstown • RI • 02852

PHONE: 877-529-2124 • FAX: 401-667-0380 EMAIL: sherylh@rapidprep.com

44 CROSS PARK AVE  
NORTH KINGSTOWN, RI 02852

5497 NANSEMOND PKWY  
SUFFOLK, VA 23435

8051 WING AVE  
EL CAJON, CA 92020

9720 40<sup>TH</sup> AVE SW  
LAKEWOOD, WA 98499

**Phone 877-529-2124 • Fax 401-667-0380 • www.rapidprep.com**



**RAPID PREP**

Dear Sirs/ Madames:

We are in receipt of your request to open an account with Rapid Prep. Please complete the following page and return as soon as possible.

We accept premade document with references.

**Please** provide at least 4 vendor credit references. We always start by faxing a credit request to your references.

**Please** provide phone number and either fax number or email address with a contact person, if known.

**Please** include a tax exempt or resellers permit if applicable.

**Please** make sure you sign the form. Signatures are important to get bank information.

Allow 7-10 days for credit approval.

This information will be held in the strictest confidence.

**Please return to:**

Sheryl Hunter

Fax: 401-667-0380

Email: sherylh@rapidprep.com

Phone: 877-529-2124 Ext 110

**Please remit all payments to:**

Rapid Prep LLC

44 Cross Park Ave

North Kingstown, RI 02852

**Accounts Receivable Contact:** Kristine Coley Ext. 113 / kristinec@rapidprep.com