



# APPLICATION FOR CREDIT

PO BOX 925, MILAN, IL 61264 | (800)528-2765 OFFICE | (309)787-2734 FAX  
RHLAVA.COM | EMAIL TO MARK.CARROLL@RHLAVA.COM

<input type="text"/>		<input type="text"/>	
NAME OF FIRM OR INDIVIDUAL KEY CONTACT PERSON		KEY CONTACT PERSON	
<input type="text"/>			
MAILING ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	YEARS IN BUSINESS
<input type="text"/>			
SHIPPING ADDRESS			
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	E-MAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
FEDERAL TAX ID #	TAX EXEMPT #	CREDIT LIMIT REQUEST (\$)	

## OWNERSHIP

CORPORATION     CHECK HERE IF INCORPORATED LESS THAN 12 MONTHS     PARTNERSHIP     INDIVIDUAL

<input type="text"/>	<input type="text"/>	<input type="text"/>
1) NAME(S) OF PRINCIPALS	COMPLETE ADDRESS	PHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>
2) NAME(S) OF PRINCIPALS	COMPLETE ADDRESS	PHONE

## REFERENCES

<input type="text"/>	<input type="text"/>	
BANK NAME	COMPLETE ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	KEY CONTACT PERSON
<input type="text"/>	<input type="text"/>	
(1) BUSINESS REFERENCE NAME	COMPLETE ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	KEY CONTACT PERSON
<input type="text"/>	<input type="text"/>	
(2) BUSINESS REFERENCE NAME	COMPLETE ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	KEY CONTACT PERSON
<input type="text"/>	<input type="text"/>	
(3) BUSINESS REFERENCE NAME	COMPLETE ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE	FAX	KEY CONTACT PERSON

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER ON TIME PAYMENT ACCORDING TO THESE TERMS.

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



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## AUTHORIZATION TO RELEASE CREDIT INFORMATION

I, THE UNDERSIGNED BEING A DULY AUTHORIZED INDIVIDUAL, DO  
HEREBY AUTHORIZE COLORADO LAVA, INC. TO CONTACT YOUR COMPANY  
FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION FOR CONSIDERATION OF  
CREDIT. PLEASE RELEASE THE INFORMATION REQUESTED AS SOON AS POSSIBLE.

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SIGNED

---

DATE

---

PRINT NAME

---

COMPANY NAME

---

ADDRESS

---

CITY, STATE, ZIP

---

PHONE



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**WE WANT TO THANK YOU FOR YOUR INTEREST IN DOING BUSINESS WITH RED HILL LAVA, INC. ATTACHED IS OUR CREDIT APPLICATION AND AUTHORIZATION TO RELEASE CREDIT FORM. IN ORDER TO EXPEDITE SETTING UP YOUR ACCOUNT BOTH FORMS NEED TO BE FILLED OUT COMPLETELY AND LEGIBLY. THE AUTHORIZATION TO RELEASE CREDIT MUST BE SIGNED BY AN AUTHORIZED PERSON FOR YOUR COMPANY. IT IS ESPECIALLY IMPORTANT TO HAVE FAX NUMBERS FOR YOUR REFERENCES.**

**OUR TERMS ARE NET 30 DAYS FROM THE DAY THE ORDER IS SHIPPED. A FINANCE CHARGE OF 1½% MONTHLY, 18% ANNUALLY, WILL BE ASSESSED TO ALL PAST DUE ACCOUNTS.**

**WE LOOK FORWARD TO DOING BUSINESS WITH YOU. PLEASE CONTACT MARK CARROLL IF YOU HAVE ANY QUESTIONS.**

**THANK YOU.**