



**Solutions that Connect.**

**CREDIT APPLICATION**

RoadLink Division: \_\_\_\_\_ RoadLink Service Center Contacted: \_\_\_\_\_

E-Mail: ARHELPDESK@ ROADLINK.COM  
ATTN: CREDIT DEPARTMENT Phone: 888-258-2883 Fax: 610-865-6915

Check one:  Corporation  Limited Partnership  Partnership  Proprietorship

Full Legal Name: \_\_\_\_\_ Tax ID: \_\_\_\_\_ D-U-N-S Number \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Company (if applicable) \_\_\_\_\_

Former Business Address (if applicable) \_\_\_\_\_

Estimated Annual Sales \_\_\_\_\_ Date Business was Established \_\_\_\_\_

**CORPORATE PRINCIPALS/PARTNERS/OWNERS**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Address: \_\_\_\_\_

Affiliate Companies: \_\_\_\_\_

**CREDIT REFERENCES**

1. Creditor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

2. Creditor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

3. Creditor: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**FINANCIAL INFORMATION**

I (we) hereby authorize the release of information pertaining to the following accounts:

Checking Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Savings Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Loan Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



***Solutions that Connect.***

**CREDIT APPLICATION**

I (we) certify that all the information on this form is true and correct. I (we) fully understand the credit terms are **NET 30 DAYS** and agree to the proper payment in consideration of extended credit.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CREDIT DEPARTMENT USE ONLY	
Line of Credit Approved _____	Credit Officer Signature _____
Line of Credit Denied _____	Date _____
Comments:	



***Solutions that Connect.***

**CREDIT APPLICATION**

**AUTHORIZATION AND CONSENT FOR RELEASE OF CREDIT INFORMATION**

This Authorization and Consent for Release of Credit Information acknowledges that **RoadLink** may now obtain a copy of any credit information or history that may be on file with any credit reporting agency, consumer reporting agency, creditor, other business, or any other agency that has information pertaining to my credit history. I acknowledge by my signature below that favorable consideration of this application is contingent upon a satisfactory credit history.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_