RODEM®
PROCESS EQUIPMENT

ACCOUNT APPLICATION

Please complete and fax to 513-922-1680 or e-mail to: tbuttrey@rodem.com

Company Information:

Company Name: _____

Billing Address: _____ City, State, Zip: _____

Phone Number: _____ Fax Number: _____

Date Established: _____ Fed. ID No: _____

Shipping Address: _____ City, State, Zip: _____

AP Contact Name: _____ AP Phone Number: _____

AP Fax Number: _____ AP E-mail: _____

Line of Business:

Food	Dairy	Beverage	Pharmaceutical	Semiconductor
General Business	Reseller	OEM	Supplier	Other:

Taxable: Yes No (If non-taxable, provide a signed resale certificate)

Credit References:

Name: _____ Address: _____
City, State, Zip: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
City, State, Zip: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
City, State, Zip: _____ Phone: _____ Fax: _____

Bank Reference:

Name: _____ Address: _____
City, State, Zip: _____ Phone: _____ Fax: _____
Bank Representative Name: _____ Account Type & Number: _____

I authorize release of credit information to Rodem, Inc. on references listed above. The above information is provided for the purpose of obtaining credit and is warranted to be true. I am a duly authorized agent and work for the company named above.

_____ _____ _____

Print Name Signature Date

Approved by: Approved on: Terms: