



NEW ACCOUNT APPLICATION

This new account application must be completed and signed to become a dealer and receive open account privileges. If this information is not on file with us, your account will be shipped COD NET ONLY. All accounts in business less than three years will be shipped COD or Credit Card. New orders less than \$200 are COD or Credit card only.

Length of time in business _____

STORE NAME _____ BILLING NAME _____

ADDRESS _____ BILLING ADDRESS _____

CITY _____ CITY _____

STATE _____ STATE _____

STORE PHONE _____ BILLING PHONE _____

FAXNUMBER _____ EMAIL _____

Proprietorship _____ Partnership _____ Corporation _____

State tax exempt number _____ DUNS # _____

Name, address and phone of principals and managers:

MANAGER _____

BUYER _____

PRES. _____

TREAS. _____

OTHER _____

Name of bank: _____ Bank Officer _____

Address _____ Phone _____

City, ST, Zip _____ City, ST, Zip _____

Name, address and phone of three suppliers which you have had open accounts with for more than two years:

Name _____ Phone _____

Address _____ FAX _____

Name _____ Phone _____

Address _____ Fax _____

Name _____ Phone _____

Address _____ Fax _____

SHIPMENTS F.O.B. KENOSHA, WISCONSIN

I, the undersigned, verify that the above information is correct and current.

Signature _____ Title _____ Date _____

Ruffolo Inc. 2926-75th STREET, KENOSHA, WI. 53143 PHONE 262-652-3126, FAX 262-652-3188