

Division of Morris Rothenberg & Sons, Inc.  
3015 Veterans Memorial Highway  
Ronkonkoma, NY 11779-0512



National Toll Free (800) 645-5195  
(631) 585-9446  
Fax: (631) 585-9447  
www.Rothco.com  
Email: info@Rothco.com

LEGAL NAME \_\_\_\_\_ INDIVIDUAL OWNER/ PARTNERSHIP \_\_\_\_\_  
TRADE NAME (DBA) \_\_\_\_\_ DATE BUSINESS STARTED \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CORPORATION \_\_\_\_\_ LLC \_\_\_\_\_ INCOPORATED \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ LTD \_\_\_\_\_ IN WHAT STATE: \_\_\_\_\_  
TELE: \_\_\_\_\_ **\*\*\*PLEASE SEND A COPY OF YOUR  
\*\*\*\*\*RESALE CERTIFICATE\*\*\*\*\***  
OTHER TELE: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
FAX: \_\_\_\_\_ CREDIT REQUESTED \$ \_\_\_\_\_ DUNS # \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_ WEB ADDRESS: \_\_\_\_\_

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NAME OF OWNER/OFFICER \_\_\_\_\_ TITLE: \_\_\_\_\_  
HOME ADDRESS/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME TELE:(\_\_\_\_) \_\_\_\_\_ CELL: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_ STATE \_\_\_\_\_  
\_\_\_\_ OWNS HOME \_\_\_\_ RENTS \_\_\_\_ IF YOU OWN YOUR OWN HOME, LIST MORTGAGE BANK: \_\_\_\_\_

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NAME OF OWNER/OFFICER \_\_\_\_\_ TITLE: \_\_\_\_\_  
HOME ADDRESS/CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP \_\_\_\_\_ HOME TELE:(\_\_\_\_) \_\_\_\_\_ CELL: \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DRIVERS LICENSE NO: \_\_\_\_\_ STATE \_\_\_\_\_  
\_\_\_\_ OWNS HOME \_\_\_\_ RENTS \_\_\_\_ IF YOU OWN YOUR OWN HOME, LIST MORTGAGE BANK: \_\_\_\_\_

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Has this firm, or officers, principals, partners or owners have filed a bankruptcy within the last ten years? Have any of these parties had federal, state, county or municipal tax liens or civil suits or judgements filed against them within the last six years.  
Indicate: \_\_\_\_ No or Yes \_\_\_\_ If yes (regardless if paid) please attach a separate sheet or paper with full details.

I agree that by signing this agreement I authorize Rothco to check my credit. \_\_\_\_\_

## BANK REFERENCES

BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ACT NO. \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
TELE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ACT NO. \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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### REFERENCES

FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELE: \_\_\_\_\_ EXT: \_\_\_\_\_  
FAX: \_\_\_\_\_ ACT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_

FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELE: \_\_\_\_\_ EXT: \_\_\_\_\_  
FAX: \_\_\_\_\_ ACT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELE: \_\_\_\_\_ EXT: \_\_\_\_\_  
FAX: \_\_\_\_\_ ACT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_

FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TELE: \_\_\_\_\_ EXT: \_\_\_\_\_  
FAX: \_\_\_\_\_ ACT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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YOU HAVE OUR PERMISSION TO CONTACT THE ACTIVE REFERENCES AND WE AGREE TO ABIDE BY YOUR TERMS OF SALE.

\_\_\_\_\_ FOB SHIPPING POINT AND WE PAY A SERVICE CHARGE OF 18% PER ANNUM FOR ANY OUTSTANDING BALANCE NOT PAID WITHIN THESE TERMS.

The owner agrees that in the event that Morris Rothenberg & Son , Inc. DBA Rothco is forced to take legal action against our firm, its owners, principals, officers, guarantors or myself, to reimburse the Creditor for all collection agency's, attorney's, marshal's and courts commissions and fees, process server or investigation costs, interest and all court costs as the court may adjudge. Customer, at our discretion, accepts jurisdiction in the event of legal action, debtor accepts jurisdiction of Suffolk, New York Courts.

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Signature of Authorized Officer/Owner

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Print Name as Signed

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Date

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**Bank Name:** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir / Madam:

Please be advised that in order to complete your credit application, we must have written consent from you to receive a credit reference from your bank.

Please complete the bottom portion of this letter and return to us via fax.

Thank you in advance for your cooperation.

Regards,

Credit Department

**PLEASE FAX BACK TO (631) 585-9447 OR  
EMAIL AT CREDITDEPARTMENT@ROTHCO.COM**

\_\_\_\_\_ Yes, I Agree

\_\_\_\_\_ No, I Do Not Agree

\_\_\_\_\_  
Signature