Reset Form

RAM INTERNATIONAL

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name		Tax ID Number (TIN)	
Primary Business Address		D&B Number (DUNS)	
City, State, Zip Code		Date Business Commenced	
Shipping Contact | Title		Accounting Contact | Title	
E-mail		E-mail	
Phone | Fax		Phone | Fax	

BUSINESS AND CREDIT INFORMATION

If Division / Subsidiary, Parent Company Name:		Bank Name	Credit Line Requested:
Parent Company Address City, State, Zip		Bank Address City, State, ZIP Code	Shipment count per month:
Legal Classification Under Which Business Operates		Contact Name | Phone Number	
☐ Sole proprietorship / Individual ☐ Partnership		Account number	
☐ LLC ☐ Corporation		Type of account	☐ Savings ☐ Checking

BUSINESS/TRADE REFERENCES

Company name		Phone | Fax	
Address		E-mail	
City, State, ZIP Code		Payment Terms	
Contact Name		Credit Limit	
Company name		Phone | Fax	
Address		E-mail	
City, State, ZIP Code		Payment Terms	
Contact Name		Credit Limit	

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Flat World Supply Chain to make inquiries into the banking and business/trade references that you have supplied.

APPLICANT SIGNATURE

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

To sign the document electronically please click the signature box, select the 'Create a New Digital ID' and enter your name and email address.

SUBMIT FORM