

Customer #
Rep

CREDIT APPLICATION FOR NET 30 TERMS

In order to process your application, all sections must be completed in full. Fax completed form to 704-867-1330, or email to credit@rowleycompany.com.

Your State Resale Tax Certificate must be included with this application.

Name of Business			
Physical Address			
Contact	Phone	Fax	
Email			
D.B.A. or A.K.A. (if applicable)			
Billing Address (if different than above)	City	State	Zip
Owner(s)	Contact		
Phone	Fed Tax ID #		
Cell Phone	State Resale Cert. # (must be attach	ed)	
Fax	How long in business		
Accounts Payable Contact			
Phone	Ext		
BUSINESS REFERENCES			
1. Company	Account #		
	City		
Contact	Phone	Ext	
2. Company	Account #		
Address	City	State	Zip
Contact	Phone	Ext	
3. Company	Account #		
Address	City	State	Zip
Contact	Phone	Ext	
AUTHORIZATION This application is submitted to Rowley® Cocontained herein is accurate and complete, a credit. The undersigned hereby authorizes references, and financial institutions. He or son each invoice. Undersigned agrees that labalance until paid. Should there be a defaucourt costs incurred by Rowley Company, step	and that Rowley Company may rely on su the release of credit information to Ro she further agrees to make payments in fu te payments will result in a monthly finan ult of any such payments, the undersigne	ich information in cowley Company bull for all the amounce change of 18%	deciding to extend/discontinue by our company's banks, trade nts due within the terms stated per annum on the outstanding
Rowley® Company RowleyCompany.com 230 Meek Road / Gastonia / NC / 28056 Phone » toll-free 800-343-4542 local 704-866-0650 © 2025 Rowley® Company, LLC	Owner or Authorized Signature (Re	equired)	Date Title