



**Robertson Heating Supply Co.**

P.O. Box 2448 • 2155 W. Main St.  
Alliance, OH 44601-0448 • 330-821-9180  
Credit Fax: 330-821-1186  
Credit Dept. E-Mail : marcias@rhsonline.net

# BUSINESS INFORMATION REPORT

**STRICTLY CONFIDENTIAL**  
( Please type or print legibly )

Date \_\_\_\_\_

RHS Whse. Mgr. \_\_\_\_\_

RHS Whse. No. \_\_\_\_\_

RHS Salesman No. \_\_\_\_\_

Company Trade Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_ - \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Would you like your invoices FAXED to you?  Yes  No **OR** Would you like your invoices E-MAILED to you?  Yes  No

Do you use purchase orders?  Yes  No

Year Business Began \_\_\_\_\_ Type of Operation:  
 LLC (Limited Liability Corp)  Corporation Fed. ID # \_\_\_\_\_  
 Individual  Partnership Check if incorporated less than one year

\_\_\_\_\_  
**Your RHS Account No.**  
if you already have one

**Names and Addresses of Owners or Officers**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Name \_\_\_\_\_ Title \_\_\_\_\_ SS # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What line of credit are you requesting? \_\_\_\_\_ Are You Involved:  Full Time  Part Time

Do you or your company own any property?  Yes  No  Another Business

If so, what is value and location? \_\_\_\_\_

How much is the mortgage? \_\_\_\_\_

Who holds the mortgage? \_\_\_\_\_

Address \_\_\_\_\_

Any additional assets? Please list: \_\_\_\_\_  
\_\_\_\_\_

List any trade licenses you *currently* hold: \_\_\_\_\_

**References: Applicant now buys from:**

1. Company Name \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_
2. Company Name \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_
3. Company Name \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_
4. Company Name \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

What bank has your business checking? \_\_\_\_\_ Acct. # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

What bank has your savings account? \_\_\_\_\_ Acct. # \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I / we do authorize the release of any and all credit information regarding us personally or as a company to Robertson Heating Supply Company.

X _____	Date _____
X _____	Date _____

Have you ever had any legal suits or judgements against you?

No  Yes - Explain \_\_\_\_\_

Have you ever been involved as a debtor in bankruptcy?

No  Yes - When? \_\_\_\_\_

Sales Tax

Charge me the appropriate sales tax. What percentage? \_\_\_\_\_%  Tax Exempt - Form enclosed.

TERMS & CONDITIONS OF SALE

- All invoices are due for payment by the 10th of the following month.
- The cash discount, if any, will be shown on the invoices and monthly statement and may be deducted if your account is paid in full by the 10th of the following month.  
When we receive your payment determines if the discount is allowable, not when you mail the payment.
- An account is considered past due after the 15th of the following month.  
A 2% per month (24% per annum) service charge is applied at the end of the month the payment was due and each month thereafter it is delinquent. Credit may be suspended at the discretion of Robertson Heating Supply Co. depending on amount owed, age of delinquency payment record, or length of time dealing with our Company.
- Our minimum invoice charge is \$15.00 (cash or charge).
- No items returned without permission and invoice number & date of purchase.
- Should this account be filed for collection, the debtor will be liable for any and agrees to pay all reasonable collection agent and attorney fees.
- Applicant hereby authorizes RHS to deliver goods with or without signed delivery receipts and further agrees to notify the Credit Department of RHS in writing of billing discrepancies within forty-five (45) days of receipt of disputed invoices.  
Failure to timely notify RHS in writing shall act as a presumption that the deliveries and invoices are valid as stated and invoiced.
- This Agreement shall be interpreted and construed according to, and governed by, the laws of The State of Ohio, excluding any such laws that might direct the application of the laws of another jurisdiction. The federal or state courts located in The State of Ohio shall have jurisdiction to hear any dispute under this Agreement.

I have read and agree to the above mentioned terms and conditions, including payment of any service charges and attorney fees.

X _____
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INDIVIDUAL GUARANTEE OF ACCOUNT

In consideration of the extension of credit by Robertson Heating Supply Co. to

\_\_\_\_\_,  
located at \_\_\_\_\_,

the undersigned individuals do personally and individually guarantee payment of all charges, regardless of credit limit, together with interest from the due date of all charges on the account of the above-named customer, including any and all attorney fees and/or collection costs in connection with the collection of the above account.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .  
DATE MONTH YEAR

SIGNED IN MY PRESENCE:

By \_\_\_\_\_  
RHS Company Official

X _____	Individual Guarantor
X _____	Individual Guarantor