

# RACK-STRAP<sup>®</sup> INC.

**FROM**

Name	_____	Telephone	_____
Address	_____	Number of Years at This Address	_____
City	_____	State	_____
Zip Code	_____	Fax	_____

**TO**

RACK-STRAP, INC.	_____	800-841-5790	_____
ACCOUNTING DEPARTMENT	_____	Telephone:	_____
_____	_____	503-982-7022	_____
_____	_____	Fax:	_____
_____	_____	NET 30 DAYS	_____
_____	_____	Credit Terms	_____

**OWNERSHIP**

Name (President)	_____	Address	_____	City	_____	State	_____	Zip Code	_____
Name (Secretary)	_____	Address	_____	City	_____	State	_____	Zip Code	_____
Name (Treasurer)	_____	Address	_____	City	_____	State	_____	Zip Code	_____

**FINANCE**

Bank Name	_____	Telephone	_____
Bank Address	_____	Account Representative	_____
City	_____	State	_____
Zip Code	_____		_____

**REFERENCES**

Name	_____	Telephone	_____	Fax	_____
Name	_____	Telephone	_____	Fax	_____
Name	_____	Telephone	_____	Fax	_____
Name	_____	Telephone	_____	Fax	_____

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS

Date	_____	Signed	_____	Signed	_____
		Title	_____	Title	_____