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APPLICATION FOR CREDIT

(Please type or clearly print)

Billing Address	Delivery Address
Company Name: _____	Company Name: _____
Contact Name: _____	Contact Name: _____
Street Address: _____	Street Address: _____
City/State: _____ Zip: _____	City/State: _____ Zip: _____
Phone: (_____) _____	Phone: (_____) _____
Fax: (_____) _____	Fax: (_____) _____
Email: _____	Email: _____

Type of Business

(Please mark all applicable)

Corporation Partnership Proprietorship Individual

Corporate ID #: _____

Social Security # of Officer: _____

Individual Social Security # _____

(If not a Corporation)

School Teacher Supply Store Church Other

Amount of credit applying for: \$ _____

Bank References

Primary Bank: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Checking Account #: _____ Savings Account #: _____

(Please complete reverse side of form)

Trade Reference #1

Company Name: _____

Account #: _____ Account Rep: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Trade Reference #2

Company Name: _____

Account #: _____ Account Rep: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Trade Reference #3

Company Name: _____

Account #: _____ Account Rep: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

WE AUTHORIZE THE RELEASE OF THIS INFORMATION TO RHYME UNIVERSITY.

Personal Guarantee: "In the event of default in payment, you will be liable for collection and attorney fees of up to 35%."

Signature: _____ **Title:** _____ **Date:** _____

Thank you for your cooperation. All information will be held strictly confidential.