

Rynone Manufacturing Corp.  
297 Dominic Pce Industrial Parkway  
P.O. Box 128  
Sayre, Pennsylvania 18840

Phone: 570.888.5272  
Fax: 570.888.1175  
Web: www.rynone.com



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CREDIT APPLICATION

(Please Type or Print Legibly)

Purchaser(s) \_\_\_\_\_ Contact Email \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email for Invoices/Stmts \_\_\_\_\_ Fax for Acknowledgements \_\_\_\_\_

( ) CORPORATION ( ) PARTNERSHIP ( ) JOINT VENTURE State of Incorporation \_\_\_\_\_

OFFICERS, PARTNERS OR SPOUSE

NAME	ADDRESS	TITLE	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PLEASE READ AND HAVE SIGNED IN THE APPROPRIATE SPACES BY AN OFFICER(S), PART-NER(S), OR SPOUSE.

**AGREEMENT:**

It is understood that **Rynone Manufacturing Corp.**, or any of its subsidiaries or affiliates may impose a late fee of one and one-half (1 1/2) percent a month on any past due balances, and that the undersigned will pay all costs of collection including a reasonable attorney’s fee of 20%. It is also understood that **Rynone Manufacturing**, or any of its subsidiaries or affiliates reserves any and all of its legal rights to place a lien or liens on property being improved by or on behalf of the undersigned after 30 days delivery of goods, wares, and merchandise. The undersigned agrees that if credit is granted by **Rynone**, or any of its subsidiaries or affiliates, the undersigned will be responsible for all invoices as presented. I (We) certify the above furnished information to be true and accurate.

\_\_\_\_\_  
Signature - Title

\_\_\_\_\_  
Signature - Title

**GUARANTEE:**

In consideration of the granting of credit by **Rynone Manufacturing**, or any of its subsidiaries or affiliates, to the persons or companies to whom credit is extended pursuant to the above application, the undersigned unconditionally, jointly and severally, guarantee(s) payment for all purchases made by said persons or companies. In addition, the undersigned guarantee(s) payment of any late fees and costs of collection including a reasonable attorney’s fee of 20%. The undersigned waive(s) notice of acceptance of this guarantee and waive(s) notice of the accrual of any obligation or liability of any such persons or companies of the undersigned. This shall be a continuing guarantee and shall not be affected by any extension of time, payment, modifications or additions.

\_\_\_\_\_  
Signature - Individual

\_\_\_\_\_  
Signature – Individual

\*\* PLEASE USE PAGE 2 FOR BANK & TRADE INFORMATION OR SEND YOUR OWN REFERENCE SHEET

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Purchaser(s) \_\_\_\_\_ Job Name \_\_\_\_\_

Job Location \_\_\_\_\_

STREET

CITY

COUNTY

STATE

\*\*\*PLEASE PROVIDE TAX EXEMPT CERTIFICATE IF APPLICABLE

Block & Lot Number(s) \_\_\_\_\_

LAND TITLE HELD BY \_\_\_\_\_

CONSTRUCTION FINANCING WITH \_\_\_\_\_

BANK REFERENCE

ACCOUNT NUMBER(S) \_\_\_\_\_

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

MAJOR TRADE REFERENCES

1. Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ **Email** \_\_\_\_\_

2. Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ **Email** \_\_\_\_\_

3. Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ **Email** \_\_\_\_\_

4. Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Contact \_\_\_\_\_ **Email** \_\_\_\_\_