



181 Hill St., Portsmouth, N.H. 03801
Phone: 800-292-2904 Fax: 603-433-9578

COMPANY NAME _____

ADDRESS _____

PHONE _____ FAX _____

FEDERAL TAX NUMBER FOR CORPORATION _____

SOCIAL SECURITY NO. FOR PROPRIETORSHIP _____

NAME OF BANK _____

ACCOUNT NUMBER _____

CONTACT _____ PHONE _____

TRADE REFERENCE

NAME FAX & PHONE ADDRESS

1. _____

2. _____

3. _____

Please read this credit plan carefully before signing.

The undersigned certifies that the information submitted in this application is correct and authorizes RIVERSIDE to verify the information by contacting the above references. The understanding expressly agrees to make payment in full for all purchases in accordance with RIVERSIDE invoices. Should there be a default on payment the undersigned agrees to pay a late service charge on any amounts in default at the maximum rate permitted by law and all outstanding amounts shall become immediately due and payable. The undersigned further agrees to pay reasonable attorney's fees and all other expenses incurred by RIVERSIDE in the collection if any obligation of the undersigned pursuant hereto.

AUTHORIZED NAME _____ TITLE _____

SIGNATURE _____ DATE _____

Optional: How did you become aware of Riverside Cartop Carriers, Inc.?