




# Robert Larson Company, Inc.

3450 Third Street - 3B  
San Francisco, CA 94124

Phone: 1-800-356-2195 —or— 1-415-821-1021  
Fax: 1-415-821-3786 Email: accounting@rlarson.com

## Application for Open Account

All information must be completed. It is acceptable to attach your own credit information, providing that all information asked on this form is included on your statement and this application is returned signed.

 Company Name \_\_\_\_\_  
Type of Business (Hardware, Lumber, Tool, other specialty) \_\_\_\_\_  
We are requesting credit of \$ \_\_\_\_\_ (\$600 will be considered unless otherwise stated)

**Business Information** Check one option below and complete the appropriate information.

*If Proprietorship:*  
Owner \_\_\_\_\_ In business since \_\_\_\_\_

*If Partnership:*  
Partners \_\_\_\_\_ In business since \_\_\_\_\_

*If Corporation:*  
President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Chief Financial Officer \_\_\_\_\_  
State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

### Location Information

Billing Location	Ship-to Location
Address _____	Address _____
_____	_____
_____	_____
Phone _____	Phone _____
Fax _____	Fax _____
Email _____	Email _____

(Use additional sheets as necessary)

### Contact Information (include email address if available)

Contact person for purchasing \_\_\_\_\_

Contact person for accounts payable \_\_\_\_\_

**Tax Exemption**

State Tax or "Resale" Number \_\_\_\_\_

(California accounts must also return a signed resale card)

**Credit References (please indicate if you are providing these separately)**

**Trade Reference #1** \_\_\_\_\_

Account Number (If known) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code & Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Trade Reference #2** \_\_\_\_\_

Account Number (If known) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code & Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Trade Reference #3** \_\_\_\_\_

Account Number (If known) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code & Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Bank Reference** \_\_\_\_\_

Contact \_\_\_\_\_

Account Number (If known) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code & Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**This application will not be processed without a signature and date.** We agree to pay interest on any overdue amounts. We will be responsible for legal and collection costs, should this action be necessary. We authorize the Robert Larson Company, Inc. to obtain credit information from the references listed above. The purchase of products from the Robert Larson Company, Inc. is for the purpose of resale.

Signature \_\_\_\_\_ Date \_\_\_\_\_