

APPLICANT

Date _____
Company _____
Contact _____
Address _____

Phone Number _____
Fax Number _____

Bank Name _____
Address _____

Phone Number _____

REFERENCES

Company 1 - Name _____
Contact _____
Address _____

Phone Number _____
Fax Number _____

Company 2 - Name _____
Contact _____
Address _____

Phone Number _____
Fax Number _____

Company 3 - Name _____
Contact _____
Address _____

Phone Number _____
Fax Number _____

CUSTOMER INFORMATION



RAOSET INC.

3251 132nd Ave
PO Box 8373
Holland, MI 49422-8373

TEL (616) 399-2355 • FAX (616) 399-2949

TYPE ♦ GRAPHICS ♦ DESIGN ♦ BULK MAILING ♦ FULFILLMENT CENTER
BUT THOSE WHO HOPE IN THE LORD WILL RENEW THEIR STRENGTH, THEY WILL SOAR ON WINGS LIKE EAGLES, THEY WILL RUN AND NOT GROW WEARY, THEY WILL WALK AND NOT BE FAINT. --ISAIAH 40:31

RAOSET NOTES

TERMS

Raoset's billing terms are net 15 days from the date of the invoice. If your company is unable to meet these terms, prior arrangements must be made. A 1.5% finance charge per month will be added to unpaid balances.

All postage charges must be paid prior to entry at Post Office.

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE

Kind Of Business: Corporation

Partnership

Individual Ownership

Corporate Or Company Officer(s)

Type Of Business: _____

Number Of Employees: _____