



**RBI Bearing, Inc.**

**Accounts Receivable - Sales**

256 Kruse Avenue  
Monrovia, CA 91016  
Toll Free 800 358-7652  
Voice 626 357-7652  
FAX 626 357-7426

**Sales & Distribution**

1055 Stevenson Court Suite 102W  
Roselle, IL 60172  
Toll Free 800 708-2128  
Voice 630 376-0600  
FAX 630 295-5490

## Account Application

**Instructions**

This is an Adobe PDF interactive document; please use the TAB key to navigate through the form.

- 1) **PREFERRED:** Enter all information directly on form and FAX to 630 295-5490.
- 2) You may also print a copy, complete and FAX to 630 295-5490.
- 3) Please mail the original signed application to our Roselle, IL office after completing.
- 4) If a credit card will be used for purchases attached authorization form must be completed.

Legal Business Name \_\_\_\_\_ Trade Name – DBA \_\_\_\_\_  
 Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Shipping Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Business is a: Corporation    LLC    Partnership    Proprietorship    Type of Business:    OEM    Distributor  
 Year Started \_\_\_\_\_ State of Inc. \_\_\_\_\_  
 Federal I.D. # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_  
 Website Address \_\_\_\_\_

Are you a:     Subsidiary     Division  
 Parent Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Do you require a purchase order # before we accept an order?     Yes     No  
 Have you ever filed for bankruptcy?     Yes     No    If yes, please attach explanation  
 A/P Contact \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Estimated Monthly Purchases \$ \_\_\_\_\_

Terms Requested     COD Company Check  
 (Indicate Preference)     COD Credit Card (Must complete attached authorization form)  
     Net Terms – Credit Line Requested \$ \_\_\_\_\_

**BANK AND TRADE REFERENCES MUST BE COMPLETED TO BE CONSIDERED FOR NET TERMS**

# RBI Bearing, Inc. – Account Application – Page Two

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Check One     Principal                       Partner                       Proprietor

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth Date \_\_\_\_\_ E-mail Address \_\_\_\_\_

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### Bank References

Name \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_ Date Opened \_\_\_\_\_

Type of Account:

Checking # \_\_\_\_\_ Savings # \_\_\_\_\_ Loan # \_\_\_\_\_

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### Trade References (Major Suppliers)

1. Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_ Fax # \_\_\_\_\_

2. Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_ Fax # \_\_\_\_\_

3. Name \_\_\_\_\_ Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Credit Terms \_\_\_\_\_ Credit Limit \_\_\_\_\_ Fax # \_\_\_\_\_

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- This credit application and agreement is submitted by Customer to RBI Bearing Inc. (RBI) in order to obtain trade credit.
  - Customer agrees to make payment in full to RBI for all amounts due according to RBI's invoice on or before net due date.
  - RBI standard credit terms are Net 30 days.
  - Customer also agrees to pay interest on all amounts that are past due. Interest will be charged as 1.5% per month or the highest rate allowed by law.
  - If Customer should default in any payment(s), RBI has reserved the right to declare all invoice amounts due and payable without notice to Customer.
  - Additionally, Customer will be responsible for all collection costs and attorney fees, whether suit is filed or not, in order to collect any delinquent amount.
  - Customer also agrees to provide RBI with updated credit information on request and to provide an annual statement to RBI as a condition for the continued extension of credit.
  - The undersigned certifies that all of the information contained herein and any attachments are true and correct to the best of their information, knowledge and belief.
  - Customer agrees to adhere to credit/service policies and procedures established by RBI and published on RBI's invoice.

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Authorized Individual (Print Name)                      Signature                      Title                      Date



# Credit Card Authorization

Date \_\_\_\_\_

RBI Account Number \_\_\_\_\_

CIRCLE ONE



**CARD NUMBER**

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**NAME EXACTLY AS IT APPEARS ON CARD**

**EXPIRATION DATE**  
MONTH DAY

YEAR

**SECURITY CODE**

SEE FOLLOWING PAGE FOR LOCATION ON CARD

**BILLING ADDRESS**

**CITY**

**ST**

**ZIP CODE**

**DAY TELEPHONE**

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I, \_\_\_\_\_ (please print) authorize R.B. International, Inc, a/k/a RBI Bearing, Inc. to charge the above credit card for invoices generated in conjunction with my RBI Bearing account number entered at the top of this form.

\_\_\_\_\_  
Cardholder's Signature

Please FAX completed authorization to 630 376-0602  
**SECURITY CODE LOCATION**

### Visa / MasterCard



**Back of Card**

### American Express



**Front of Card**

**DO NOT FAX THIS PAGE**