



**Roochi Traders Inc.**  
6393 East Washington Blvd.  
Commerce, CA 90040  
[TEL:323-7225592](tel:323-7225592) x 108  
Fax:323-724-0045  
Email:mperales@roochi.com

## **Application Instructions for Credit Terms**

- Please ensure ALL sections are filled out legibly and completely. Any incomplete areas on the application will delay processing.
- All business address and phone/fax information must be complete. Please include your Roochi Traders account number on the application.
- For faster processing, submit a minimum of three **INDUSTRY TRADE REFERENCES** (they must be vendors you are on credit terms with). We do not accept references from credit cards, utilities or leasing companies.
- Industry Trade References listed **MUST** include **FAX NUMBERS** with area code and your account number with the reference listed.
- Include all Principals/Corporation information. The application must be signed by an officer or principal of the company.
- Allow 5-7 business days to process your application. Please realize we can only respond as fast as we get responses from your references.

**PLEASE COMPLETE AND FAX TO 323-724-0045 Attn:Credit Department FOR PROCESSING.**



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### COMMERCIAL CREDIT APPLICATION

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_  
Firm Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### REQUEST:

Amount of credit requested: \_\_\_\_\_ Payment personally guaranteed? Yes  No   
If yes by: \_\_\_\_\_ Position in the company: \_\_\_\_\_

#### TYPE OF ENTITY:

- |  |                            |
|--|----------------------------|
| <input type="checkbox"/> Corporation (if using a fictitious business name, please include the fictitious business name.) | Resale #: _____            |
| <input type="checkbox"/> Limited Liability Company   | Federal Tax I.D. #: _____  |
| <input type="checkbox"/> Limited Partnership   | Duns #: _____              |
| <input type="checkbox"/> Partnership   | Business start date: _____ |
| <input type="checkbox"/> Sole Proprietorship   |                            |

#### OWNERSHIP

Name of owner: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of owner: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### BANK REFERENCES

(Please list all and any other banks your company uses for business.)

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### TRADE REFERENCES: (please list three (3) minimum)

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

NOTE: APPLICANT(S) AGREE TO PERMIT ROOCHI TRADERS INC., TO VERIFY ANY INFORMATION IN THE CREDIT APPLICATION WITH ANY PERSON, FIRM OR CREDIT REPORTING AGENCY.

Please print full name, title/position, date and sign as an individual.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LANDLORD:**

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_  
Lease or Rent Amount per month: \_\_\_\_\_

**ENTITY:**

- 1. **Corporation:** Please provide a copy the articles of incorporation and including which state you are incorporated in.
- 2. **Limited Liability Company:** Please provide a copy from secretary of state of Organization papers.
- 3. **Limited Partnership, Partnership or Sole Proprietor:** Please provide a copy of your fictitious name registration.
- 4. **All:** Please provide a copy of your business license if the city you do business in if it requires a business license.

Please print full name, title/ position, date, and sign as an individual.

Name \_\_\_\_\_ Title \_\_\_\_\_

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

**PERSONAL GUARANTEE**

The within guarantee is made for the benefit of, and to obtain credit on a continuing basis from ROOCHI TRADERS INC. The undersigned hereby guarantees the performance of all obligations of \_\_\_\_\_, including but not limited to payment of all present and future indebtedness to ROOCHI TRADERS INC., whether secured or unsecured and regardless of how the indebtedness is represented or incurred and regardless of prior notice, demand or pursuit of remedies against the party primarily liable. The undersigned consents to any extension or alteration of any obligation and guarantees such with out prior notice. This guarantee shall continue in effect until the undersigned has notified ROOCHI TRADERS INC. In writing via certified mail of its cancellation, but such cancellation shall not alter any obligation of the undersigned arising there under prior to receipt of such written notice.

The undersigned hereby authorizes ROOCHI TRADERS INC. or its agent to investigate his/her credit and authorizes any bank, mortgage lender or landlord, credit reference or any other party to release information to ROOCHI TRADERS INC. or its agent, and hold harmless for said disclosure. The undersigned grants a security interest in all goods sold, and agrees to pay reasonable attorney’s fees and cost of collection and interest at the maximum legal rate in the event of any default under this obligation.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

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