

Riback Supply Company

2412 Business Loop 70 E
Columbia, MO 65201
573-875-3131



Submitted by: _____
Branch Number _____
Managers Initials _____
Charge _____ Cash _____

riback.com

Business Name: _____

Business Address: _____ City: _____ County: _____ State: _____ Zip: _____

Ship to Address: _____ City: _____ County: _____ State: _____ Zip _____

Residence: _____ City: _____ County: _____ State: _____ Zip _____

Business Phone: _____ Fax: _____ Cell: _____

Email address: _____

Corporation LLC Partnership Sole Proprietor New Business: Yes No Years in Business _____

Names of ALL Owners and General Manager: _____

Service Information

Anticipated Monthly Purchases _____

- Purchase Order Required Yes No
- Allow Backorders Yes No
- Print Prices on Delivery Tickets Yes No
- Email Invoices & Statements Yes No Email Address _____
- Fax Invoices & Statements Yes No Fax number _____
- Mail Invoices & Statements to Business Address Above . . Yes No
- Email Newsletters, specials, catalogs Yes No Email Address _____

PAYMENT TERMS: Net 10th Prox. Past Due 25th – All invoices are due by the 10th of the month following the month of purchase and **PAST DUE** the 25th of the month following the month of purchase.

SERVICE CHARGE: A 1% per month finance charge (12% A.P.R.) will be charged on the last day of the month on all past due invoices. Applicant agrees to pay all costs of collection including but not limited to attorney fees in addition to any and all sums owed. Venue and Jurisdiction for any dispute related to this agreement, and any and all sums due to Riback Supply Co. and/or to product shipped by Riback Supply shall be Boone County Missouri.

C.O.D.: Accounts with a balance 60 days or more past due, or accounts over credit limit may be placed on C.O.D.

I have read and understand the Payment Terms and Service Charge policy. I am authorized to agree to these terms on behalf of:

(Business Name) _____

Signature: _____

Print Name: _____ Title: _____

**Please Fax or Email
Completed Form to:
573-449-8738
telliott@riback.com**

For Office Use Only

Approved _____ C/L _____
SMN# _____ BRN# _____
Acct# _____ Dcln _____
Customer Type _____

ATTACHED CONTINUING PERSONAL GUARANTY OF ACCOUNT REQUIRED FOR A CREDIT ACCOUNT.
(see other side)

Riback Supply Company

2412 Business Loop 70 E
Columbia, MO 65201
573-875-3131



Federal ID#: _____ or Social Security #: _____ MO Sales Tax ID _____

Bank Reference: _____ Contact Person _____ Fax _____

Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

Trade Reference: _____ Contact Person _____ Fax _____

Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

Trade Reference: _____ Contact Person _____ Fax _____

Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

Trade Reference: _____ Contact Person _____ Fax _____

Address: _____ City: _____ State: ____ Zip: _____ Phone: _____

I hereby agree that you may contact the above references and any other person or firms not listed above in your investigation of my/our credit history. I have read and will abide by the credit terms above.

Business Name: _____

By: _____ Title: _____

CONTINUING PERSONAL GUARANTY OF ACCOUNT

For and in consideration of Riback Supply Company, Inc., Riback/DKB Kitchen & Bath Showroom (DKB), McNally Plumbing & Cabinetry, and/or Magic City Wholesale, (the Seller) extending credit to _____, (the Company), the undersigned, (the Guarantors), agree to pay Seller any and all sums that may become due to the Seller from the Company. The Guarantors agree that a monthly Service Charge of one percent (1%) per month (12% APR) will be charged on all past due invoices. Guarantors agree to pay said Service Charges. If Seller commences litigation in order to secure payment of any and all sums due to Seller from the Company, Guarantors agree to pay all costs of collection, including but not limited to attorney fees, in addition to any and all sums due. Venue and Jurisdiction for any and all disputes related to this agreement, to any and all sums due to the Seller, and/or to any and all product supplied by Seller shall be Boone County, Missouri. The Guarantors warrant that this agreement has been carefully read, that they understand the agreement, and that they understand this Continuing Personal Guaranty of Account shall be a continuing and irrevocable guaranty and indemnity of the indebtedness of the Company.

This Continuing Personal Guaranty of Account is required for a credit account.

_____ Date

_____ Personal Guarantor (Please Print)

_____ Personal Guarantor Signature

_____ Social Security #

_____ Personal Guarantor (Please Print)

_____ Personal Guarantor Signature

_____ Social Security #

_____ Personal Guarantor (Please Print)

_____ Personal Guarantor Signature

_____ Social Security #

_____ Personal Guarantor (Please Print)

_____ Personal Guarantor Signature

_____ Social Security #