



CREDIT APPLICATION AND SALES AGREEMENT

GENERAL INFORMATION

Business Name / DBA		Financial Contact Name	
Shipping Address (Street)	City	State	Zip Code
Billing Address (Street / P.O. Box)	City	State	Zip Code
Telephone	Fax Number	Email to Remit Invoices	
Type of Business	Years in Business	Requested Credit Line	
If a Corporation, Year of Incorporation	State of Incorporation		
Subsidiary of			

OWNER / OFFICER INFORMATION

Owner / Officer Name		SSN (If Partnership or Sole Proprietor)	
Address (Street)	City	State	Zip Code
Owner / Officer Name		SSN (If Partnership or Sole Proprietor)	
Address (Street)	City	State	Zip Code

BUSINESS TRADE REFERENCES

Company Name	Financial Contact Name	Telephone	Fax
Address (Street)		City	State Zip Code
Company Name	Financial Contact Name	Telephone	Fax
Address (Street)		City	State Zip Code
Company Name	Financial Contact Name	Telephone	Fax
Address (Street)		City	State Zip Code

BANK REFERENCES

Bank Name	Contact Name	Telephone	
Address (Street)		City	State Zip Code
Commercial Checking Account Number		Loan Account Number	

As an officer of the above named company, I do hereby give my consent to check any agencies or companies necessary in processing this credit and sales agreement. I certify that the above information is true and correct and in addition to the foregoing, promise to pay for all purchased in accordance with the terms of sale. I further agree to pay for all collection costs, to include reasonable attorney fees, incurred by KSD . if made necessary by failure to comply with the payment terms of sale.

SIGNATURE OF OWNER / OFFICER	TITLE	DATE
X	X	X

FOR OFFICE USE ONLY

Sales Manager Approval	Salesman's Name & Number	Order Center Identification
Requested Credit Line	Customer Type Code	Terms
Credit	Credit Line	Credit Manager