



CREDIT APPLICATION
(Please type or print exactly how you want your account to appear on our records.)

Company/Name: _____

Attn: _____

Street Address: _____

Box Number: _____

City: _____ State: _____ Zip: _____ E-mail _____

Phone # (day) _____ (night) _____ Fax # _____

Type of business: _____

Classification (please check one):

_____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC

Legal Owner(s): _____

Primary Owner Driver's License # _____ DOB: _____

Address(s): _____

City: _____ State: _____ Zip: _____

Corporate Officer: _____

President Secretary General Mgr.

How long in business at this location? _____ Date opened: _____

New at this location? _____ Name of previous owner? _____

Previous business owned (if any): _____

Trade name: _____ Type of business: _____

Person responsible for payment of account:

Name: _____ Title: _____

Address: _____ Phone: _____

(OVER)

Amount of credit requested: \$ _____ Estimated monthly purchases: \$ _____

Sales Tax Certificate - A signed sales tax exemption certificate, if applicable, must accompany this application.

REFERENCES

(Please list major bank and minimum of three trade references)

Bank

Name: _____ Account: _____

Address: _____ City: _____ State: _____ Zip: _____

Fax Number: _____ Phone Number: _____

Trade References

Name: _____ Phone Number: _____

Fax: _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Fax: _____ Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Fax: _____ Address: _____

City: _____ State: _____ Zip: _____

FINANCE CHARGES OF 1 ½% PER MONTH (ANNUAL PERCENTAGE RATE 18%) WILL BE ADDED TO ALL PAST DUE ACCOUNTS. TERMS WILL BE NET/30 UNLESS SPECIFICALLY NOTED DURING QUOTATION.

I/We authorize the above/attached listed companies and/or banks to release any information requested of them necessary to establish a line of credit with The Kraemer Company, LLC. I/We certify that the above information is correct and that this business is solvent and that I/We will strive to pay all invoices within the terms specified and will pay finance charges on amounts due beyond 30 days of the invoice date. Should the need for any collection action arise, I/We agree to indemnify The Kraemer Company, LLC its actual attorney costs and/or any and all other claims, costs, and/or expenses arising out of said action.

Company Name: _____

Signature: _____ Title: _____ Date: _____

(Must be signed by an officer or owner)