

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone: Fax: E-mail:

Registered company address:

City: State: ZIP Code:

Date business commenced:

Sole proprietorship: Partnership: Corporation: Other:

* **PLEASE PROVIDE US WITH COPIES OF YOUR SALES TAX EXEMPTION FORM.**

BUSINESS AND CREDIT INFORMATION

Primary business address:

City: State: ZIP Code:

How long at current address?

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: ZIP Code:

Type of account Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

Company name:

Address:

City: State: ZIP Code:

Phone: Fax: E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 10 days from the date of the invoice.
2. If your invoice is 20 days past due, a \$25.00 late fee will be charged. If it is not paid within 30 days of the late fee being charged, your company will revert to COD terms.
3. By signing this application, you authorize Kinteco Inc. to inquire on all banking and business/trade references that you have supplied.

SIGNATURES

Title:

Title: