



673 First Avenue, West Haven, CT 06516 * P-203-932-8171 * F-203-937-1656

CREDIT APPLICATION

Business Name _____

Billing Address _____

City _____ County _____ State _____ Zip _____

Phone Number () _____ Fax Number () _____

Nature of Business _____ # of Years _____ A/P Contact _____

Products of Interest _____

Website address _____ E-mail address for A/P Contact _____

We are incorporated under the laws of the State of _____ since 19 _____

Federal I.D. No./SS No. _____ Tax Exempt Yes () No () if yes, send certificate

Amount of credit line requested in a 30 day period \$ _____

Does your organization use Purchase Orders? Yes() No ()

Table with 3 columns: Trade References, Address City/State/Zip, Telephone. Rows 1-3.

Has your organization purchased from us previously? COD _____ On account _____

Form with two columns for Principals and/or Officers of Company, including fields for Name, Home Address, City, State, Zip, Phone, Soc. Sec. No., and E-mail address.

Invoices over 75 days old may be charged to the following credit card:

Credit Card# _____ Expiration ___/___ V code _____

Bank Reference Name/Account No. Address City/State/Zip Telephone

Bank Name _____

Checking Account No. _____

TERMS

Terms are Net 30 days; finance charges will accrue at 2% per month on balances over 60 days. All goods and services furnished by Kenseal are subject to the terms and conditions listed on this credit application. No other terms and conditions shall apply unless specifically agreed to in writing by an Officer of Kenseal. Kenseal is a wholesale distributor. In the event that collection is necessary, applicant agrees to pay all collection costs, including attorney's fees, where applicable, at a rate not to exceed 50%. The undersigned authorizes Kenseal to verify any credit investigation and bank references. There is a 25% restocking charge on all returns less than thirty (30) days old & no returns allowed after thirty (30) days. There are no returns on chemicals. Kenseal accepts payments on open account via cash, check, money order, or wire transfer, not via credit card. All invoices will be faxed to your accounting department. The undersigned warrants that he/she has read the above agreement and understands the same.

Authorized Signature: _____ Date: _____
(Officer Must Sign)

Printed Name: _____ Title: _____

PERSONAL GUARANTEE

I assume personal and individual responsibility and liability on the items set forth above and further guarantee payment of all fees for materials supplied and other charges due and payable to Kenseal Construction Products by the company and/or persons listed herein.

Signature: _____ Date: _____
(Individual)

Printed Name: _____

ANY APPLICATION SUBMITTED VIA FACSIMILE SHALL BE DEEMED AN ORIGINAL