



1540 Delmar Drive, Folcroft, PA 19032 \* P-610-532-5391 \* F-610-532-0873

**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 ( )

<u>Trade References</u>	<u>Address City/State/Zip</u>	<u>Telephone</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

Has your organization purchased from us previously? COD \_\_\_\_\_ On account \_\_\_\_\_

Principals and/or Officers of Company	Principals and/or Officers of Company
Name _____	Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone ( ) _____	Phone ( ) _____
Soc. Sec. No. _____	Soc. Sec. No. _____
E-mail address _____	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: \_\_\_\_\_

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ANY APPLICATION SUBMITTED VIA FACSIMILE SHALL BE DEEMED AN ORIGINAL