

# Credit Application



Please complete this form in full to expedite your credit application.

K-T INDUSTRIES, INC.  
P.O. Box 123, 3112 NW Blvd., Sheldon, IA 51201

Salesman \_\_\_\_\_

Requesting Credit For:

Tax Number \_\_\_\_\_

Tools      Welding      Brushes  
Abrasives      Air

## COMPANY INFORMATION

Name of Firm: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Ownership (check one):    Corporation    Partnership    Individual    Buyer: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Name of Principle(s): (Please complete this section.)

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_ Account No. (Required) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

## TRADE REFERENCES

1. Business: \_\_\_\_\_ Ph. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

2. Business: \_\_\_\_\_ Ph. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

3. Business: \_\_\_\_\_ Ph. ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

The entire balance of all credit accounts are due and payable according to the terms of the sale of each invoice. A late charge of 1-1/2% per month with a maximum of 18% per annum will be assessed on the past due balance. In the event a delinquent account is placed in the hands of a licensed collector or attorney for collection, or suit is instituted on the account, in addition to the amount of the account and the assessed finance charges, the undersigned agrees to pay all costs and reasonable collector's or attorney fees. The undersigned agrees that all credit hereafter extended shall be deemed subject to the terms herein agreed upon. The undersigned also certifies that all the information on this form is complete and correct.

\_\_\_\_\_  
Customer Signature/Title

\_\_\_\_\_  
Customer Signature/Title

Date agreement entered into \_\_\_\_\_