



# CREDIT APPLICATION

Rep: \_\_\_\_\_  
Regional: \_\_\_\_\_  
Classification code: \_\_\_\_\_

## CUSTOMER INFORMATION

BILL TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

SHIP TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
FAX: \_\_\_\_\_

## **A/P CONTACT:**

## **BUYER:**

BUSINESS TYPE: ( ) INDIVIDUAL ( ) PARTNERSHIP (x ) CORPORATION ( ) LIMITED  
YEAR ESTABLISHED: \_\_\_\_\_ OWNER/PRESIDENT: \_\_\_\_\_  
FEDERAL ID #: \_\_\_\_\_ TAX EXEMPT/RESALE #: \_\_\_\_\_  
WEBSITE ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

## BANK INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHECKING ACCT # \_\_\_\_\_  
PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_

## BUSINESS CREDIT REFERENCE (if you have a separate sheet with your trade references, you can just fax that with this application. We require at least 4 trade references to complete a credit application. Thank you)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ACCOUNT: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ACCOUNT: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ACCOUNT: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
ACCOUNT: \_\_\_\_\_

I certify that all information on this form is correct. I hereby authorize the release of any and all credit information by our bank and trade references necessary for the process of obtaining a line of credit with Komelon USA Corporation.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE COMPLETE AND FAX BACK TO Komelon USA Division at 262-524-8293 or mail completed form to Komelon USA Division., P.O. Box 1045, Waukesha, WI 53187