

**NET 30 CREDIT TERMS APPLICATION**

Company Applying For Credit	
Company:	Date:
DBA (If Applicable) :	Years Established:
Division:	Resale/ Tax Exempt*:
Physical Address	Yes      No
Billing Address:	*Please provide documentation if 'Yes'
Phone:	Tax ID Number:
Purchasing Contact:	
Credit References (Please Provide At Least 2)	Accounts Payable Contact
Company:	Name:
Contact:	Direct Phone:
Address:	Email:
Phone:	
E-mail:	
	Bank Information
Company:	Name:
Contact:	Account Number:
Address:	Phone:
Phone:	
E-mail:	
Company:	<b>PLEASE REMIT TO:</b> <a href="mailto:accounting@kenmorecontrols.com">accounting@kenmorecontrols.com</a>
Contact:	
Address:	
Phone:	
E-mail:	
<i>I certify that the information contained herein is true and correct. I acknowledge that if approved for credit terms payment is due within 30 days of receiving an invoice.</i>	
Print Name _____	
Signature _____ Date _____	

