



Credit Application

Keson Industries, Inc. • 810 Commerce Street • Aurora, IL 60504 • 1-800-34-KESON • www.keson.com

Company Name: _____

Phone #: () _____ Fax #: () _____

Bill to Address: _____

City: _____ State: _____ Zip Code: _____

A/P Contact: _____ E-mail Address: _____

____ Proprietorship ____ Partnership ____ Corporation ____ Sub"S" Corporation

Date Business Started: _____ Main Company Contact: _____

Ship to Company: _____

Phone #: () _____ Fax #: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of Principal Owners: _____

Trade References:

Supplier: _____ Phone #: () _____

Address: _____ Fax #: () _____

City: _____ State: _____ Zip: _____

Supplier: _____ Phone #: () _____

Address: _____ Fax #: () _____

City: _____ State: _____ Zip: _____

Supplier: _____ Phone #: () _____

Address: _____ Fax #: () _____

City: _____ State: _____ Zip: _____

Bank Reference: _____ Phone #: () _____

Address: _____ Fax #: () _____

City: _____ State: _____ Zip: _____

I/we hereby certify that all the information on this form is correct and accurate. I/we fully understand that Keson Industries, Inc. may contact my references and other credit agencies necessary in their decision to extend credit to the company listed above.

Signed: _____ Title: _____

Name Printed: _____ Date: _____

** Please attach a copy of State Issued Resale Tax License **