



Credit Application

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

Please Fax to: 1-800-345-8849 or email: salesorders@keson.com

Company Name: Phone #: Address: Fax #: City State: Zip: Credit Line Requested: \$ Terms Desired: A/P Contact Name: A/P Contact Phone: E-mail Address:

Proprietorship Partnership Corporation Sub"S" Corporation Federal ID#: Date Business Started: Tax Exempt: Yes No (If yes, please attach tax exempt form)

Ship to Company: Phone #: Address: Fax #: City State: Zip:

Name of Principal Owners: Address: Address: Address:

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: Account # Phone #: Fax #: Address: City State: Zip:

Signed: Title: Name Printed: Date:

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.

Thank you for choosing Keson! We look forward to serving your precise needs.

Our credit approval process takes 5 to 10 business days from the date we receive ALL of the following:

- The signed Keson Credit Application with your references included
A copy of your state issued resale tax license
Your opening order of \$500 minimum