

## CREDIT APPLICATION

Please Fill out completely

**Company Name:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Billing Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Ship to address if different from billing address:**

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owner(s):** \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
**Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Accounts Payable Contact Name:** \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Email: \_\_\_\_\_

**Purchase for resale:**  YES  NO If YES, resale # \_\_\_\_\_

**Please check:**  Corp.  Partnership  Sole Prop.  LLC

**Amount of credit desired \$** \_\_\_\_\_

(Current financial statement will be required to establish credit greater than \$50,000.00)

### Credit References

**1**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**2**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**3**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Fax (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**Bank Information**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account No: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_

**Payment Terms**

The Customer will pay for product within 30 days from the date of shipment. Currency and interest on overdue accounts shall be as set forth on the invoice, or at such rate as API Kirk Containers may specify from time to time. Credit arrangements and terms are subject to amendment by API Kirk Containers, if payment conditions are not considered satisfactory to API Kirk Containers.

Applicant's signature attests to financial responsibility, ability and willingness to pay our invoices within our terms. I (we) certify that the above information is true and correct. Should it be necessary to assign the account balance to a licensed collection agency or an attorney for legal action, all subsequent collection charges and/or legal fees shall be paid by the applicant.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_