



CREDIT APPLICATION and CREDIT EXTENSION TERMS

To facilitate approval of your application for credit, please fill the following information. Partially completed applications will not be considered.

Corporate Information: New Account Credit Update

Applicant Name _____ (_____) _____
 Telephone

Street Address _____ (_____) _____
 Fax

City _____ State _____ Zip Code _____

Date Established _____ Business Corporation Partnership Association

State of Corporation _____ Number of Employees _____

Other locations: _____
 City/State

Sales: _____
 Current YTD Previous Sales (1) Previous Sales (2)

Net Worth: _____
 President: _____
 CEO: _____
 Vice President: _____
 A/P Supervisor: _____
 Treasurer: _____
 Controller: _____
 D & B Rating: _____
 Federal Tax ID#: _____
 DUNS Number: _____
 Billing Requirements: _____

Finance Information:

Bank Name City/State

Contact (_____) Telephone (_____) Fax

<u>Account Types:</u>	<u>Account Numbers:</u>	<u>Average Balance:</u>
Checking	_____	_____
Line of Credit	_____	_____

Credit References:

1. _____
Company Name City/State Contact Telephone
2. _____
Company Name City/State Contact Telephone
3. _____
Company Name City/State Contact Telephone
4. _____
Company Name City/State Contact Telephone

Credit Extension Terms:

Applicant understands that the terms for payment, service, and related charges are due and payable 30 days from the date of invoice. Applicant understands that payments beyond 30 days are subject to a late payment penalty of 1.5% per month on the unpaid balance and may result in loss of open privileges. Applicant certifies that information given herein is true and correct. Applicant agrees to pay reasonable attorney fees, court costs and/or collection agency fees incurred in the collection of this account. Applicant hereby authorizes Kelworth Trucking Company to contact the above bank and credit references for the purposes of verifying credit, to make other investigations to determine credit limit, and to report to proper persons and bureaus applicant's performance by this agreement. Applicant understands their account will be COD (cash on delivery) until credit verification is complete. We certify that the person whose signature appears below is duly authorized to execute this document on behalf of the applicant.

Credit Applicant Company

Printed Name

Signature

Title

Date

Optional

Accounts Payable Contact

Email Address

Management Contact

Email Address