

**K&S DISTRIBUTORS, Inc.**

50 Oakland Ave East Hartford, CT 06108

Phone: 860-528-3860 Fax: 860-528-2003

**CREDIT APPLICATION**

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

Name or Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Shipping Address (if different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security or Tax ID #: \_\_\_\_\_ Driv. Lic. \_\_\_\_\_

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

Bank Name & Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_

\*\*\*\*\*

**Please list 3 credit references:**

Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name & Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name & Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DUNN & BRADSTREET # \_\_\_\_\_

\*\*\*\*\*

If credit is extended I agree to pay all debts incurred within the terms of the sale. (All terms being Net 30 Days) However, should the debt become past due, I agree to pay past due finance charges and be held liable for all costs of collections and legal fees.

In the event that this application is submitted for a corporation, the undersigned individual personally guarantees full payment of this account.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Resale Tax Certificate #: \_\_\_\_\_ (Please attach certificate to application)