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CREDIT APPLICATION

Client: _____ Phone: _____

Individual Partnership Corporation Fax: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Type of Business: _____

RESPONSIBLE INDIVIDUALS

Name & Title: _____ Home Address: _____

Year Business Established: _____ At Present Locations Since: _____

Authorized Buyers: _____

Amount of Credit \$: _____

CREDIT REFERENCES

1. _____
 (Name) (Address) (Telephone)

 (City) (State) (Fax)
2. _____
 (Name) (Address) (Telephone)

 (City) (State) (Fax)
3. _____
 (Name) (Address) (Telephone)

 (City) (State) (Fax)
4. _____
 (Name) (Address) (Telephone)

 (City) (State) (Fax)

BANK: _____ Branch: _____
 Address: _____ Acct #: _____
 Phone: _____ Fax: _____



READ CAREFULLY & SIGN (This Application MUST be signed before credit will be extended)

I agree to keep within your terms if granted an open account. Should this account ever become delinquent and it is necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay attorney fees, costs and reasonable expenses incurred in such action. Principal and interest payable in lawful money of the United States. I have read and agree to the Client Agreement as set forth on the reverse side.

Please Sign &: _____
 Firm Name Date
 Fax To: 516.378.3580 _____
 Authorized Signature Title