



CUST. # _____ SALESPERSON _____



Credit Application

All orders will be shipped "COD" or "Prepaid" until credit is approved

Firm Name: _____	Date Established: _____
<i>(Please check one)</i> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor	
Billing Company Name: _____	
Billing Address: _____	
Shipping Address: _____	
Telephone Number: _____	Fax Number: _____
Purchasing Agent: _____	Tel. Number: _____
Accounts Payable: _____	Tel. Number: _____
Officers / Owner(s) name: _____	Title: _____
Officers / Owner(s) name: _____	Title: _____
Officers / Owner(s) name: _____	Title: _____

**IS YOUR BUSINESS CERTIFIED UNDER CUSTOMER TRADE PARTNERSHIP AGAINST TERRORISM (C-TPAT) PROGRAM? IF YES: WHAT IS YOUR CTPAT # OR SVI # _____	Federal ID #: _____ <i>Complete the attached W9 form</i> Local Resale # _____ <i>Attach a copy of the Resale Certificate</i>
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Bank Information: (required)	
Bank Name: _____	Fax Number: _____
Address: _____	
Account Number: _____	Contact: _____

Trade References:					
Please attach four (4) Trade References with this application. The following information <i>must</i> be included:					
• Name	• Mailing Address	• Tel. #	• Fax #	• Contact	• Terms

We verify that the above information is correct. We understand your terms and agree to proper payment for credit extended. Default on those terms may result in additional fee to cover any and All collection costs. Kaper II charges a 1.5% finance charge for balances not paid within terms. Your signature below authorizes Kaper II, Inc. to retrieve the bank information above. This signature must be on file with your bank.

Signature: _____	Title: _____
Date: _____	Credit Line Requested: \$ _____