



50 Oak Court, Suite 210  
Danville, CA 94526 ~ Phone (925) 831-9800 ~ Fax (925) 831-9183

## CREDIT APPLICATION

Date \_\_\_\_\_ Maximum credit applied for \$ \_\_\_\_\_

D & B Number \_\_\_\_\_ Federal Tax I.D. Number \_\_\_\_\_

Name of Firm \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Business Street Address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business \_\_\_\_\_

Name of Officers/Owners of Firm

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

Year Established \_\_\_\_\_ Form of Business: Proprietorship \_\_\_ Partnership \_\_\_ Corporation \_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

Accounts Payable E-Mail \_\_\_\_\_

Sales Tax Exemption? Yes \_\_\_ No \_\_\_ (If yes, please attach Tax Exemption Certificate.)

Bank Affiliation \_\_\_\_\_ Account Number \_\_\_\_\_

Bank Telephone No. \_\_\_\_\_ Bank Officer \_\_\_\_\_

Business References: (Give references that extend a line of credit similar to what is currently requested.)

1. \_\_\_\_\_ Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

<b>PAYMENT TERMS</b> <b>NET 30 DAYS FROM INVOICE</b>
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The information above is submitted for the purpose of obtaining credit from Kleen Blast. The Applicant agrees to pay for all items delivered to or at the request of Applicant by Kleen Blast within thirty (30) days from date of Kleen Blast's invoice or within the time established on the face of Kleen Blast's invoice for said items, whichever is greater. All accounts are due and payable at the remittance address shown on the Kleen Blast invoice. The Applicant understands that past due accounts are subject to a "credit hold" status and C.O.D. terms for all future purchases. Should collection become necessary, the Applicant agrees to pay all costs incurred, including a reasonable attorney's fee. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands the same.

Applicant authorizes Kleen Blast to obtain credit and financial information concerning the Applicant at any time and from any source.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_