



CREDIT APPLICATION

Thank you for your interest in Kamo Manufacturing Inc. In order to obtain merchandise on credit, the following application should be filled out completely and accurately to the best of your knowledge. All information contained in this application will be kept confidential. Credit applications can be faxed to 706-722-1606, attention Credit Department.

Shipping Address:

Company Name _____

Street _____ City, State, Zip _____

Phone _____ Fax _____

Billing Address:

Company Name _____

Street _____ City, State, Zip _____

Phone _____ Fax _____

Tax Exempt _____ If yes, tax exempt # _____

Form of Business:

Proprietorship _____ Partnership _____ Corporation _____ Other _____

Owner's Name _____

Tax ID Number _____

Purchasing Agent _____ Phone _____

Accounts Payable Contact _____ Phone _____

If you would prefer to receive invoices via email or fax please provide the necessary information below:

Email address _____

Fax Number _____

Trade References:

Please supply complete information for each reference given, including fax number. Incomplete or inaccurate information may increase the time it takes to process your application.

Name_____	Name_____
Address_____	Address_____
_____	_____
Phone_____	Phone_____
Fax_____	Fax_____

Name_____

Address_____

Phone_____

Fax_____

Bank Information:

Bank_____ Account #_____

Contact_____ Phone_____

Kamo's credit terms are Net 30. Applicant agrees to pay Kamo default interest for late payments in the monthly amount of 1.5% of any invoice balance not paid by the due date based on the payment terms of the account and all costs of collection, including court costs, attorney's fees, collection agency fees and any other expenses incurred on the behalf of Kamo in collecting any balance not paid by the due date.

Authorized Signature

Date

Printed Name