



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.

Company Name _____

Street _____ City, State, Zip _____

Phone _____ Fax _____

Tax Exempt _____ If yes, tax exempt # _____

Form of Business:

Proprietorship _____ Partnership _____ Corporation _____ Other _____

Owner's Name _____ FEIN _____

Purchasing Agent _____ Phone _____

Accounts Payable Contact _____ Phone _____

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 payment terms are Net 30 days from the invoice date.

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 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