



1326 Reynolds Street
Augusta GA 30901
706-724-1488

CREDIT APPLICATION

Thank you for your interest in Kamo Manufacturing Inc. In order to apply for an account, 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 or emailed to cs@kamo.com.

Billing Address:

Company Name _____
Street _____ City, State, Zip _____
Phone _____ Fax _____

Shipping Address (if different from billing):

Company Name _____
Street _____ City, State, Zip _____
Phone _____ Fax _____

Sales Tax Exempt: Yes No (please circle one) If sales tax exempt please include tax exemption certificate.

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 please provide email address:

Email address _____

Trade References:

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

1. Company Name _____

Address _____ City _____ Zip _____

Contact Name _____ Phone _____ Fax _____

Email _____

2. Company Name _____

Address _____ City _____ Zip _____

Contact Name _____ Phone _____ Fax _____

Email _____

3. Company Name _____

Address _____ City _____ Zip _____

Contact Name _____ Phone _____ Fax _____

Email _____

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 past due balances.

Authorized Signature

Date

Printed Name/Title