

APPLICATION FOR CREDIT

Legal Business Name:

Credit Line Requested: \$

Billing Address:

Street:

City:

State:

Zip:

Telephone: ()

Fax: ()

E-mail:

Shipping Address:

Street:

City:

State:

Zip:

Telephone: ()

Fax: ()

Name of Parent Company:

Nature of Business:

Type of Business:

Date Established:

Number of Employees:

Federal Tax I.D. Number:

Name and Title of Principal Owners or Officers:

1. Name:

Title:

SS#:

2. Name:

Title:

SS#:

3. Name:

Title:

SS#:

4. Name:

Title:

SS#:

Authorization to Release Confidential Information

Customer Name:

Bank Name:

Street Address:

City:

State:

Zip:

Telephone: ()

Fax: ()

Please accept this as authorization to release information regarding our accounts listed below to Ket Incorporated for the purpose of extending credit. We understand that this information will be kept in the strictest of confidence between your organization and Ket Incorporated. We also understand that by entering our name in the signature box constitutes a legal signature for the credit search purposes.

Authorized Signature: _____ **Date:** __/__/__