



**King Technologies Credit Application**

Name of Company/Organization:

Billing and shipping address:

Main Phone:	Fax#:	Main e-mail:
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Type of Business (LLC, Partnership, Corporation, etc):

President's Name:	CFO / Controller's Name:
Vice President:	

If Corporation, Yr of Incorporation:	Years in Business:
Federal Tax ID#:	
SS#:	

Vendor / Trade References  
*(Please Do Not List Credit Cards or North Supply - They will not give Credit References)*

Reference 1

Company Name:	Account Number:
Contact:	Phone Number:
	Fax Number:

Reference 2

Company Name:	Account Number:
Contact:	Phone Number:
	Fax Number:

Reference 3

Company Name:	Account Number:
Contact:	Phone Number:
	Fax Number:

*If you would like to use your Bank Reference as a Credit Reference, please attach a signed Letter of Authorization. (Banks will not release information without it.)*

Name of Bank and complete street address:

Account Number(s):	Bank Phone Number:
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**Certificate Of Resale**

**The State of Tennessee requires us to have a copy of your Resale Tax Exempt Certificate on file or we must charge Tennessee Sales Tax of 9.75%. Sales tax will be added to the amount invoiced by KTI unless a sales tax Exemption certificate has been provided to KTI. (Contact State of Tennessee 1-800-342-1003 for any questions concerning Tennessee sales tax).**

TERMS

King Technologies, Inc. reserves the right to withhold credit. In the absence of prior agreement, terms on open accounts are due within 30-days of invoice date (Net 30 days). Open accounts that are past due 60 days are placed on CREDIT HOLD and any account over 90 days past due will be placed with COLLECTIONS. Returned checks are subject to \$30.00 returned check fee. A finance charge up to the highest rate allowed by law may be charged to all past due balances. Any notification of discrepancies with the account should be directed to Accounts Receivable.

Applicant authorizes King Technologies to perform a credit analysis, including checking my business's credit report. The Applicant agrees to pay invoices within the due date according to the terms stated on each invoice. The Applicant agrees to pay the costs of collection, including reasonable attorneys' fees, should such action be required for King Technologies to collect on Applicant's accounts. (All information is kept confidential)

Being a principal and or duly authorized Officer of the above entity applying for credit, I herby certify that all statements contained herein are true and complete and are made for the purpose of obtaining credit.

Application completed by (printed name):	Authorized Signature:
Title:	Date:

Fax this application to (731) 855-3591  
If you have questions, please call 800-489-7372 Ext. 212

KING TECHNOLOGIES, P.O. BOX 408, TRENTON, TN 38382-0408