



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

10450 MEDALLION DR. • CINCINNATI, OHIO 45241

PHONE: 513 769-3500 • FAX: 513 956-3889

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

D&B #:

Sales Tax Exemption Number:

- Please attach Certificate otherwise sales tax will be charged

Address for invoicing:

City:

State:

Zip Code:

Accounts Payable Contact Name:

Accounts Payable Phone #:

Accounts Payable Fax #:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. Applicant agrees to pay within 30 days of date on invoice. Otherwise a 1.5% service charge will be assessed.
2. The applicant agrees to pay for all costs of collecting or attempting to collect or secure this debt.
3. By submitting this application, you authorize KDM to make inquiries into the banking and business/trade references that you have supplied.

Signature:

Date:

Print Name:

Owner

CEO

President