

APPLICATION FOR CREDIT

Confidential Credit Information

Fax completed form to: 713.462.6430

Sales Rep:

6550 Bingle Rd Houston TX 77092 Phone: 713.462.5470 * Fax: 713.462.4853

16713 Central Commerce Dr Round Rock TX 78664

Address

Company Name or Individual	Name		P	Physical Address			
(d/b/a) Trade Name				Mailing Address			
Phone Number	Fax Number		C	City, State, Zip			
BUSINESS FACTS		Corporation	☐ Partnership	☐ Proprietorship	Length of T	me in business	
Type of Business							
Previous Business Name				Federal Tax ID#			
Have you ever filed Bankruptcy? If yes, when?				Dun & Bradstreet Number #			
Bonding Agent Name and Ad	dress:						
CORPORATE OFFICE	R/INDIVIDUAL (GUARANTO	R/PROPRIET	OR INFORMATION ((Required)		
Name (Please Print)			Т	itle			
Address			C	ity	State	Zip	
Phone Number			E	mail Address			
BANKING INFORMATI	ON						
DAMMINO IMI OMINATI	0.14						
Bank Name							
Contact Name			Р	Phone Number			
Address			C	iity	State	Zip	
Checking Account Number			L	Loan Account Number			
ACCOUNTING INFOR	MATION						
	uired? YES/NO (F			ob Name/Number Require	d2 VES / NO	(Please circle one)	
Purchase Order Number Req	anoa. 1207110 (i	Please circle one	i) J	ob Marrie/Murriber Require	a: ILO/NO	(1 10000 011010 0110)	
			e) J	ob Name/Number Require	.d: 1207140	(i reade ellere elle)	
Tax Exempt?	_ (If yes, provide pro	oper forms)	<u> </u>	·	_	,	
Tax Exempt?		oper forms)	<u> </u>	hone Number	_	ax Number	
Tax Exempt?	_ (If yes, provide pro	oper forms)	<u> </u>	·	_	,	
Tax Exempt? Accounts Payable Contact	_ (If yes, provide pro	oper forms)		hone Number	_	ax Number	
Tax Exempt?Accounts Payable Contact	_ (If yes, provide pro	oper forms)		hone Number	_	ax Number	
Tax Exempt? Accounts Payable Contact	_ (If yes, provide pro	oper forms)		hone Number	_	ax Number	
Tax Exempt? Accounts Payable Contact	_ (If yes, provide pro	oper forms)		hone Number	_	ax Number	
Tax Exempt? Accounts Payable Contact TRADE REFERENCE	_ (If yes, provide proEmail Ad	oper forms)		hone Number	_	ax Number	
Tax Exempt? Accounts Payable Contact	(If yes, provide provide provide Add S	oper forms) Idress City,	State	hone Number	F	ax Number Fax Number	

City _

_____ State _____ Phone _

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TERMS AGREEMENT (Must be signed for account processing)

The undersigned "Purchaser" agrees that all purchases made by "Purchaser" from **Kris Con Supply & Fasteners** or any of its subsidiaries and affiliated entities "Seller" are subject to the following terms and conditions: If a Purchase Order number is required, it is the responsibility of the Purchaser to supply this number before or at the time of purchase.

In making this application for commercial credit, I/We understand and agree to your terms of payment: NET 30 DAYS on all approved accounts and service charges of 1.5% per month on all invoices not paid within terms. Any disputed invoices must be brought to the attention of the Seller within fifteen (15) days of the receipt of invoice in writing by the Purchaser. If the Seller is not notified then the invoices are deemed correct and undisputed.

If credit is granted and collection thereof requires the assistance of attorneys, I/We agree that you reserve the right to bring legal action in whatever jurisdiction we deem necessary, whose laws, at the option of the Seller, shall govern this agreement. In the event **Kris Con Supply & Fasteners** finds it necessary to turn over my/our accounts to a collection agency or attorney, I/We agree to pay all cost and expenses of collection, including but not limited to attorney's fees and expenses.

The company/Individual agrees that whomever signs this application for credit is authorized to do so, unless **Kris Con Supply & Fasteners** is otherwise notified in writing. I/We authorize **Kris Con Supply & Fasteners** to make whatever credit inquiries it deems necessary in connection with this application.

Officer's Signature (<i>Required</i>)			Print Officer's Name (Required, Please Write Legibly)				
Date			_	Officer's Title			
INDIVIDUAL PERSONA	L GUARANTY	7					
subsidiaries and affiliated entition by the Company to ("Seller") where the company to ("Selle	arantee prompt pa es ("Seller") wheth henever the comp ess of the Compar	ayment of ar ner now exis any fails to p	ny obligations of the sting or hereinafter, a pay the same. It is i	understood that this guaranty sha	o pay on demand any sum which is due		
guaranty, notice of extending o	f any guaranteed intevidencing the i	indebtednes	s already or hereaft	er contracted for by the Company	rment, notice or acceptance of this y, notice of any modifications or such indebtedness from, the Company		
guaranteed indebtedness is no	t paid by me wher	n due (after f	formal demand of pa		t, demand and protest. If the sed in the hands for collection, suit is collection, including but not limited to		
In the event more than one par indebtedness, and, in all instan					and severally liable for the guaranteed		
I certify that the above informat to investigate my personal cred		nd accurate.	I authorize Kris Co	on Supply & Fasteners and any	of its subsidiaries and affiliated entities		
Guarantor's Signature			_	Guarantor/Spouse			
Date			-	Date			
Witness			-	Witness			
Address			-	Address			
City	State	Zip	-	City	State Zip		
FOR OFFICE USE ONL	Y						
Credit Approved By:		Date:	:	Credit Limit:	Credit Denied		

In order to process your request, this application must be signed. Please attach a company credit profile if available