



CREDIT APPLICATION

UPON COMPLETION FORWARD TO

BILLING INFORMATION (MUST BE COMPLETED)

BUSINESS NAME				<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> TAXABLE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-TAXABLE <input type="checkbox"/> CORPORATION (ATTACH CERTIFICATE OF EXEMPTION)
BILLING ADDRESS				
CITY	STATE	ZIP	PHONE ()	
TYPE OF BUSINESS	SINCE	CONTRACTORS LICENSE NO.		

COMPLETE THIS SECTION IF SOLE OWNER

LAST NAME	FIRST NAME	MIDDLE NAME	AGE	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & STATE
PRESENT ADDRESS			CITY	STATE	ZIP CODE
PREVIOUS ADDRESS NO. - STREET			CITY	STATE	ZIP CODE
PRESENT AREA CODE/TELEPHONE ()	DO YOU OWN <input type="checkbox"/>	APPROX. MARKET VALUE		AMT. OWED	
ARE YOU BONDED?	RENT <input type="checkbox"/>	WITH WHOM?		STATE	ZIP CODE
ADD'L PROPERTY OWNED	STREET	CITY	STATE	ZIP CODE	
ARE YOU SELF-EMPLOYED <input type="checkbox"/>	OR EMPLOYED <input type="checkbox"/>				
NAME / ADDRESS OF EMPLOYER					
NAME / ADDRESS OF SPOUSE					
SPOUSE'S SOCIAL SECURITY NO.		SPOUSE'S DRIVERS LICENSE NO. & STATE			
NAME/NEAREST RELATIVE	STREET	CITY	STATE	ZIP CODE	RELATIONSHIP

COMPLETE THIS SECTION IF PARTNERSHIP OR CORPORATION

FULL NAME OF CORPORATE OFFICERS OR PARTNERS

NAME	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & STATE	OWN <input type="checkbox"/>
ADDRESS	CITY	STATE	RENT <input type="checkbox"/>
NAME	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & STATE	OWN <input type="checkbox"/>
ADDRESS	CITY	STATE	RENT <input type="checkbox"/>
NAME	SOCIAL SECURITY NO.	DRIVERS LICENSE NO. & STATE	OWN <input type="checkbox"/>
ADDRESS	CITY	STATE	RENT <input type="checkbox"/>
STATE INCORPORATED IN	CORPORATE I.D. NO.	FEDERAL TAX NO.	

TRADE REFERENCES: COMPANIES FROM WHOM YOU PURCHASE ON OPEN ACCOUNT

NAME	PHONE NUMBER ()
ADDRESS	CITY
NAME	PHONE NUMBER ()
ADDRESS	CITY
NAME	PHONE NUMBER ()
ADDRESS	CITY

BANK REFERENCES

BUSINESS ACCOUNT

BANK NAME / BRANCH NO. STREET ADDRESS PHONE NUMBER CITY STATE ZIP CODE ACCOUNT NO.
 ()

PERSONAL ACCOUNT (CHECKING)

BANK NAME / BRANCH NO. STREET ADDRESS PHONE NUMBER CITY STATE ZIP CODE ACCOUNT NO.
 ()

PERSONAL ACCOUNT (SAVINGS)

BANK NAME / BRANCH NO. STREET ADDRESS PHONE NUMBER CITY STATE ZIP CODE ACCOUNT NO.
 ()

ARE WRITTEN PURCHASE ORDERS REQUIRED ON ALL ORDERS?

YES

NO

AUTHORIZED PURCHASER

AUTHORIZED PURCHASER

AUTHORIZED PURCHASER

AUTHORIZED PURCHASER

AUTHORIZED PURCHASER

IN CONSIDERATION OF EXTENSION OF CREDIT BY KELLY MOORE PAINT CO., INC. AND/OR ITS SUBSIDIARIES, I/WE AGREE TO THE FOLLOWING TERMS OF SALE: 1% 10TH PROX. 30 DAYS NET, AND TO PAY INTEREST AT THE RATE OF 1-1/2% PER MONTH ON PAST DUE BALANCES.

I/DO HEREBY AGREE, JOINTLY AND INDIVIDUALLY, TO PAY FOR ALL GOODS, WARES, AND MERCHANDISE SUPPLIED TO THE ABOVE BUSINESS.

IN THE EVENT THAT ANY ACCOUNT IS PLACED WITH A THIRD PARTY FOR COLLECTION, I/WE AGREE TO PAY ALL COSTS INCLUDING REASONABLE ATTORNEY FEES, COURT COSTS AND FINANCE CHARGES.

I/WE AUTHORIZE KELLY MOORE PAINT CO., INC. TO INVESTIGATE OUR CREDIT HISTORY, BANK REFERENCES AND ANY OTHER INFORMATION DEEMED NECESSARY TO EXTEND CREDIT.

I/WE AGREE TO IMMEDIATELY NOTIFY KELLY MOORE PAINT CO., INC. OF ANY CHANGE IN OWNERSHIP OR ADDRESS OR FORM OF SAID BUSINESS IN WRITING. THIS AGREEMENT SHALL REMAIN IN FORCE UNTIL WRITTEN NOTICE IS RECEIVED BY KELLY MOORE PAINT CO., INC.

PRINT NAME HERE

PRINT NAME HERE

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE

DATE

PERSONAL GUARANTEE:

I PERSONALLY GUARANTEE PAYMENT OF ANY AND ALL INDEBTEDNESS OF THE ABOVE ACCOUNT AND AGREE TO BE BOUND BY THE ABOVE TERMS AND CONDITIONS.

AUTHORIZED SIGNATURE

DATE

FOR OFFICE USE ONLY

CREDIT INFORMATION FROM CREDIT AGENCY

DATE CHECKED	TYPE OF BUSINESS REPORTING	HOW LONG SELLING	HIGHEST CREDIT	TERMS OF SALE	AMOUNT OWED	AMOUNT PAST DUE	PAYING SPECIFY 30, 60, 90, DAYS, ETC. SPECIFY IF IN ACCORDANCE WITH THE TERMS OF CONTRACT AMOUNT

I RECOMMEND THIS ACCOUNT BE OPENED

REJECTED

SALES REPRESENTATIVE SIGNATURE

TERRITORY #

DATE

D.S.M. APPROVAL

DATE