

155 Dupont Street, Plainview, NY 11803

Telephone: 516-931-4455 / Fax: 516-931-5500 / www.kandelandson.com

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Federal/State Agency:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
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:	-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	-mail:	
Type of account:			
Company name:			
Address:			
ity:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
ype of account:			
AGREEMENT			
In consideration of Kandel and Son extending credit to Applicant, Applicant agrees to pay for all items delivered to or at the request of Applicant by Kandel and Son in accordance with our terms. Applicant agrees that each of the terms and conditions of sale stated on the Kandel and Son invoices shall be a term of the contract of each sale			

the terms and conditions of sale stated on the Kandel and Son invoices shall be a term of the contract of each sale from Kandel and Son to Applicant. Applicant and Kandel and Son are parties to a written contract.

Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to all other sums due. The undersigned warrants that the above agreement has been carefully read and that the Applicant authorizes Kandel and Son to obtain credit and financial information concerning the Applicant at any time from any source.

SIGNATURE

Signature Name Date: