



▪ Brooklet ▪ Brunswick ▪ Hinesville
▪ Savannah ▪ Statesboro

Kennedy Industries, Inc.

*(912) 842-4370 Fax applications to: (Brooklet) 912-842-4331
P.O. Box 40, Statesboro, GA 30459*

APPLICATION FOR CREDIT (Business)

Date: _____

DBA or Trade Name: _____

Company Name: _____

Federal ID Number: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Contact Person Regarding Accounts Payable _____

Name Phone/Ext.

Physical Address _____

Street City State/Zip

Mailing Address _____

Street City State/Zip

Years Established: _____ Amount of Credit Requested: \$ _____

Type of Organization: () Individual () Partnership () Corporation

Owner or President: _____

Name Address City State/Zip

Vice President: _____

Name Address City State/Zip

Sales Tax Exempt? Yes () No () (If Yes, Please furnish a properly completed copy of GA Department of Revenue Form ST-5.)

Bank Reference

Name of Bank Street or P.O. Box City State/Zip

Contact Person _____ Account Number _____

Fax Number _____ Phone Number _____

(Supplying fax numbers will speed the processing of application)

Trade References (Minimum of Three)

*Supplying fax numbers will speed the processing of application

1. _____
Name Address or P.O. Box City State/Zip

Contact Name Fax Number* Phone Number

2. _____
Name Address or P.O. Box City State/Zip

Contact Name Fax Number* Phone Number

3. _____
Name Address or P.O. Box City State/Zip

Contact Name Fax Number* Phone Number

Credit History

Has this Company ever filed Bankruptcy: Yes () No () If Yes, What Year? _____
What Type (Chapter 7,11, etc.)? _____

Have any Principals(s) Owners of this Company ever filed Bankruptcy: Yes () No ()
If Yes, What Year? _____ What Type (Chapter 7,11, etc.)? _____

The information provided is true to the best of my knowledge. I authorize Kennedy Industries, Inc. to verify all information submitted.

Signature

Title

TERMS AND CONDITIONS AGREEMENT

1. Applicant authorizes the listed companies and/or banks to release any information requested of them necessary to establish a line of credit with Kennedy Industries, Inc.
2. It is understood and agreed by Applicant that, if this application is approved by Kennedy Industries, Inc. and credit is extended the following credit terms will apply to the account.

CREDIT TERMS

1. All accounts are payable the month following of purchase.
2. All accounts are on 30-day terms and considered late if paid after the 25th of the month following purchase.
3. Applicant agrees to pay a service charge of 1 1/2% per month, which shall be added to any account not paid within agreed terms. In the event of any default, Applicant agrees to pay all cost of collections, including reasonable attorney's fees, if incurred.
4. Resellable merchandise may be returned with a restocking fee of 15% (if brought back by customer) or 25% (if we pick it up). Credits will not be issued for damaged merchandise.
5. Applicant certifies that all the information on this form is correct and that we fully understand your credit terms and agree to proper payment in consideration of extended credit.

Applicant

Date

Signature

Title

Instructions for completing the Personal Guaranty

1. Use your full legal name.
2. Address should be your residential physical address (no P.O. Box numbers allowed).
3. Include the Company's legal name.
4. Type in your title at the company.
5. Make sure guaranty is signed, and the signature is witnessed and notarized.

