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Credit Application

Business Name _____		
Billing Address _____		
City _____	State _____	ZIP _____
Accounts Payable Contact _____		
Phone _____	FAX _____	E-mail _____

Bank: _____

Reference 1: _____

Address1: _____

Account #: _____

Address2: _____

Fax: _____

City: _____ **State:** _____

Phone: _____

ZIP: _____

Reference 2: _____

Account #: _____

Account #: _____

Contact: _____

Fax: _____

Phone: _____

Phone: _____

Fax: _____

Reference 3: _____

E-mail: _____

Account #: _____

Fax: _____

Phone: _____

Credit Agreement

To obtain terms, we request a minimum of three (3) current credit references and one (1) bank reference. Upon completion of a favorable credit check, KimsCrafts will extend an appropriate credit limit. For any purchases that exceed this limit, KimsCrafts will require payment by credit card or some other form of prepayment for no less than the portion that exceeds the credit limit.

In consideration of KimsCrafts extending credit to the above business, I/We do hereby agree jointly and individually to pay for all goods, wares and merchandise supplied to me or the above business. In the event that the 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 KimsCrafts to investigate our credit history (both business and/or personal), bank references and any information deemed necessary to extend credit. I/We agree to (i) notify KimsCrafts immediately, in writing, delivered in person or by certified mail with return receipt requested, of any change in ownership; change in form of business or address; termination of a person's authority to incur charges under the account on behalf of the applicant; and (ii) indemnify KimsCrafts for any loss incurred thereby as a result of our failure to provide said written notice. This agreement shall remain in full force and effect until written notice of revocation is received by KimsCrafts.

Authorized Signature _____	Date _____	Authorized Signature _____	Date _____
Print Name _____		Print name _____	

FOR OFFICE USE

P F G E Approved by: _____ Date: _____