

**Attn: KELTEC Accounting Department**  
**Fax #: (508) 655-5472**

## CREDIT APPLICATION

Directions: Please print clearly. Fax this form to KELTEC Accounting Department at (508) 655-5472.

Company Name: \_\_\_\_\_

Corporate or Legal Buying Name (If above is only Division Name or Trade Style):  
\_\_\_\_\_

Shipping Address	Billing Address
Street _____	Street _____
P.O. Box _____	P.O. Box _____
City _____	City _____
State & ZIP _____	State & ZIP _____
Phone (    ) _____	Phone (    ) _____

Please indicate any special billing instructions: \_\_\_\_\_  
\_\_\_\_\_

Business is a:                       Corporation                       Partnership                       Proprietorship  
(Check Only One)

Incorporated within the last 12 months:     No             Yes    Date \_\_\_\_\_

Name of Principals	Title	Other Business Affiliations
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Years in Business: \_\_\_\_\_

Bank Reference:

Branch \_\_\_\_\_  
Acct. # \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_

Anticipated Credit Line: \$ \_\_\_\_\_

Is cash sale satisfactory until credit is approved?     Yes             No

Trade References: (Preferably creditors granting the size of anticipated credit line)

Name	Address	Phone
_____	_____	(    ) _____
_____	_____	(    ) _____
_____	_____	(    ) _____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_