



**Kennedy Scales, Inc.**

**WEIGHING SYSTEMS SPECIALISTS**

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## 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:	Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:			
Bill To address:			
Ship To address:			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	
Type of account:	Account number:		
Savings			
Checking			
Sales Tax:	Taxable Account <input type="checkbox"/> Non-Taxable Account – Attach Tax Exempt Certificate <input type="checkbox"/>		

### BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

### AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.
- I/We acknowledge receipt of notice in compliance with the Federal Equal Credit Opportunity Act if applicable. The foregoing application has been carefully read and is in all respects complete, accurate and truthful. This Application is made to Kennedy Scales Inc for the purpose of obtaining credit from you, or as a basis of credit for future business. The following complete statement is made: It is agreed that I/We will notify you promptly, should there be any material change in my financial condition or financial condition of the business. I understand that I will be responsible for all collection costs should I default on payment. This application is given for your sole use and information, and is not to be divulged or used by anyone else provided, however, that the undersigned hereby authorizes the above named bank(s), trade and/or other credit reference(s) to release such information as is necessary to establish credit with you. The undersigned, a guarantor, hereby authorizes and consents to Kennedy Scales Inc. requesting my credit report.

### SIGNATURES

Title:	Title:
Date:	Date: