



115 Quigley Boulevard
New Castle, DE 19720
(302) 322-8100 Fax: (302) 322-8188
www.kadhose.com

Application For Credit

Company Name _____

Street Address _____ City _____

State _____ Zip _____ Phone # () _____ Fax # () _____

Years in Business _____ Amount of Credit Desired _____

Ownership (check one): () Proprietorship () Partnership () Corporation

Corporate Officers, General Partners or Owners:

Name

Title

Federal ID Number _____

We Issue Purchase Orders () Yes () No

References:

| Name | Address (In Full) | Fax Number (Required) |
|-------|-------------------|-----------------------|
| _____ | _____ | _() _____ |
| _____ | _____ | _() _____ |
| _____ | _____ | _() _____ |

Bank Account (check one): () Private or () Business Account # _____

Name of Bank: _____ Address (In Full) _____ Phone Number _____
_() _____

Name of Contact: _____ Title: _____

Everything that is stated in this application is true and correct to the best of my knowledge. You are authorized to inquire of principle trade creditors, banks and other credit references as is deemed necessary for evaluating this credit application.

Applicants Signature: _____ Date: _____