

APPROVED: \_\_\_\_\_

CUSTOMER: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_ FAX # \_\_\_\_\_  
PHONE #: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

YRS IN BUSINESS \_\_\_\_\_ NO OF EMPLOYEES \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

EXPECTED MONTHLY CREDIT REQUIRMENTS \_\_\_\_\_

CORPORATE ID # \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

PRINCIPAL OWNERS AND/OR STOCKHOLDERS:

NAME	ADDRESS
_____	_____
_____	_____
_____	_____

DIVISION OR BRANCH? \_\_\_\_\_ If so, list name and address of Parent Co.  
\_\_\_\_\_

BANK REFERENCES: \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

**TRADE REFERENCES: (list three)**

NAME	ADDRESS	PHONE AND FAX NO
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON AUTHORIZED TO PLACE ORDERS: \_\_\_\_\_

We authorize KROHNE INC to obtain any information from the references we provide. Furthermore we agree to pay invoices according to terms. (net 30)

