



7764 Clyde Park SW . Byron Center . MI . 49315 - 616-583-9835 - Fx 616-583-9838 - sales@ keldonco.com

Net 30 – Credit Application

Legal Name/ Parent Co. _____

Trade Name _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Year Business Established _____ Years at this address _____ Fax _____

Tax Exempt? ___ Yes ___ No **If YES, Attach Tax Exempt Certificate, otherwise tax MUST be billed. The following information must be provided. It will be held in the strictest confidence.**

Accounts Payable Contact _____ Telephone _____

Accounts Payable e-mail _____ Fax _____

Our policy is to email invoices and statements

Principals:

Name	Title	SS#	Home Address & Phone

3 Applicants Principal Suppliers:

Vendor	Phone Number	Fax Number	Accounts Receivable E-mail

In support of this application, D.W. Sales is hereby authorized to obtain information from our banks and other firms with whom we do business. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms and conditions that follow: We acknowledge that payment is due by Net 30 days upon receipt of the invoice unless further stated in writing. No further orders will be processed when the open balance of my invoice is in excess of 60 days. Any invoice which remains unpaid after 30 days from the date of the invoice will be subject to a 1.5% per month service charge. If payment is not received within 90 days after the date of the invoice, we agree to pay all collection costs including, but not limited to, court costs and reasonable collection fees which will not exceed 25% of the outstanding indebtedness.

Returned Check Policy: Check returned by applicant's bank shall be charged a service fee of \$35.00

Applicant has executed this Business Credit Application and Business Credit Agreement on this _____ day of _____, Year _____.

Signature _____ Title _____