



Credit Application



Key Companies Inc.
(614)228-3285



195 East Livingston Ave.
1-800-537-1907



Columbus, OH 43215
Fax: (614)228-0687

General Information:

Company Name: _____

Billing Address: _____

County: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Social Security No: _____

Federal Tax ID No: _____

Year Business Started: _____

Credit Information:

List all suppliers with whom you presently have credit:

First Supplier:

Street Address: _____

City/State/Zip: _____

Telephone: _____

Include Area Code

Second Supplier:

Street Address: _____

City/State/Zip: _____

Telephone: _____

Include Area Code

Third Supplier:

Street Address: _____

City/State/Zip: _____

Telephone: _____

Include Area Code

Finance Charge:

A finance charge of 1.5% (18% annual) will be added to all accounts that are 31 days and older for each month that the past due balance is unpaid. I acknowledge that I am authorized to execute this application on behalf of the company.

Signature and Title

Personal Guarantee:

The undersigned jointly and severally promise to pay all charges made by the above applicant for credit from the date below until such time as the guarantor shall withdraw his guarantee by a written document delivered to Key Companies Inc.

Signature and Title

Address

Date

Tax Exemption:

Certificate Attached

Not Applicable

Type of Business:

Proprietorship

Corporation

Partnership

If incorporated or a partnership, list all officers or partners below.

First Name: _____

Address: _____

Office Held: _____

Second Name: _____

Address: _____

Office Held: _____

Bank Information:

Bank Name: _____

City: _____

Account No. _____

Accounting Contact:

Name: _____

Email Address: _____

Telephone: _____

Credit Cards:

Mastercard:

Account No. _____

Expiration Date: _____

Bank: _____

Visa:

Account No. _____

Expiration Date: _____

Bank: _____