

# APPLICATION FOR CREDIT

## KREPE-KRAFT®

a division of Mod-Pac

1801 Elmwood Avenue

Buffalo, New York 14207

(888) 826-8581 • (716) 826-7086 or Fax (716) 512-7121

E-mail: sales@krepekraft.com • Website: www.krepekraft.com

Business Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Corporation

Partnership

Individual Ownership

Type of Business:  Stationery Store  Gift Store  Printer  Advertising Agency  Mail Order

Other \_\_\_\_\_

Seasonal  All Year Your Date of Ownership \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Certification, Authorization and KREPE-KRAFT terms: I hereby certify the information in this credit application is correct. The information included in this application is for the use of KREPE-KRAFT in determining the amount and conditions of credit to be extended. I understand that KREPE-KRAFT may also utilize other sources of credit information. Further, I hereby authorize the bank and supplier references listed on the application to release information necessary to assist KREPE-KRAFT in establishing a line of credit. I also agree to pay all invoices for purchases made by applicant in NET 20 DAYS to KREPE-KRAFT. I agree to pay KREPE-KRAFT, interest at the rate of 2% per month on any unpaid past due invoices. In the event legal action occurs, I further agree to pay all costs of collection, court costs and reasonable attorneys' fees that may be awarded by the court. I have read and understand the terms and conditions set forth above, and agree to be bound thereby.

Buyer's Name \_\_\_\_\_ Signature \_\_\_\_\_

Principal Owner's or Officer's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

### List a Minimum of Three (3) Trade References (Please print clearly)

Name \_\_\_\_\_ Acct.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Acct.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Acct.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Acct.# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_

### Commercial Bank:

Bank Name \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Dun & Bradstreet Number \_\_\_\_\_

Please charge my orders to my Visa/Mastercard/American Express until my credit is approved.

Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Credit Card Holder's Zip Code \_\_\_\_\_

ALL INFORMATION MUST BE COMPLETE TO AVOID DELAY IN CREDIT APPROVAL

Please allow 6-8 weeks for reference responses. You will be notified only if your application is not approved.