

# KEN FORGING, INC.

1049 Griggs Road . Post Office Box 277 . Jefferson, Ohio 44047 . Ph: 440/993-8091 . Fax: 440/992-0360

## CREDIT APPLICATION

DATE: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Purchasing Agent: \_\_\_\_\_  
If Affiliate/Subsidiary, Indicate Parent Co.: \_\_\_\_\_  
\_\_\_\_\_  
Home Office Location: \_\_\_\_\_  
Length of Time In Business: Years: \_\_\_\_\_ Months: \_\_\_\_\_

<b>ORGANIZATIONAL FORM</b> Sole Proprietor: _____ Partnership: _____ Corporation: _____  <b>ANNUAL SALES VOLUME</b> \$ _____ # of Employees: _____
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## OFFICERS INFORMATION

Principal Owner/Officer: \_\_\_\_\_  
Home Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SS# \_\_\_\_\_ Home Phone: \_\_\_\_\_

## BANK INFORMATION

Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
Address: \_\_\_\_\_ Acct. Type: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## TRADE REFERENCES

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
\_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The above named firm hereby makes application for credit and provided the information contained herein, which is warranted to be true and correct. In consideration thereof it is agreed and understood that (1) the undersigned is an authorized agent of the applicant and is duly empowered to enter into and make binding agreements in just behalf, (2) all account balances are due when specified; (3) delinquent accounts will be assessed at 1 & 1/2% per month interest up to the maximum legal limit whichever is lower, (4) in the event of default of payment when due, all costs of collection, including attorney's fees and court costs shall be paid by applicant.

\_\_\_\_\_  
**AMOUNT OF 1ST ORDER**

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**