

KC CHEMICALS INC. CREDIT APPLICATION

KC Chemicals, Inc 5500 State Park Road Travelers Rest, SC 29690
877-271-8419 Toll Free 864-834-2564 Fax

Company Name _____ Phone _____
Fax _____

Billing
Address _____ City _____ St _____ Zip _____

Shipping
Address _____ City _____ St _____ Zip _____

Email _____

Business Form..... Corporation _____ Partnership _____ LLC _____ Proprietorship _____

Owner/President _____ Fed Tax # _____ DUNS # _____

Partner's or Corporate Officer's Information

Name _____ City _____ State _____ Zip _____

Name _____ City _____ State _____ Zip _____

References:

Bank Name & Branch _____ City _____ State _____

Name of Bank Officer _____ Phone _____

Suppliers:

Business _____ City _____ State _____ Phone _____

Business _____ City _____ State _____ Phone _____

Accounts Payable Contact _____ Phone _____

Accounts Receivable Contact _____ Phone _____

Is a PO # Required _____ Who is authorized to issue a PO# _____

Agreement and Guarantee:

I have made the above statements for the purpose of obtaining credit. I certify that they are true and authorize KC Chemicals Inc. to make credit investigations. Billing will be issued with the order and payment should be sent within 30 days of monthly statement. **Credit approval will not be considered unless credit card number is provided.**

Payments not paid within 45 days of billing will be charged to card on file. A 2.5 % interest penalty will be compounded monthly on any past due debt and will also be assessed for any late payment until debt is satisfied.

This document is subject to and enforced by the laws of the State of South Carolina. In the event that legal action is required to collect any debt owed to KC Chemicals, the customer will be responsible for all fees incurred in the collection of said debt due to KC Chemicals. KC Chemicals Inc. is only registered to collect sales tax from the states of South Carolina, North Carolina and Tennessee. Any other states you are required to file and pay your own state sale/use tax.

President's/ Owner Signature _____ Date _____
Printed _____

Partners/ Corporate Signature _____ Date _____
Printed _____

Credit Card Number _____ Exp. Date _____ CVC# _____

Credit Card Billing Zipcode _____
Name on Card _____

Fax application to 864-834-2564. Or email to kcchemicals@yahoo.com