

S. I. Kincaid and Sons, Inc.

1500 West Main Street * Fairfield, IL 62837

Telephone: 618-842-2659 * Fax: 618-842-9320

www.sikincaid.com

PERSONAL CREDIT APPLICATION

Name:		E-Mail Address:
Billing/Mailing Address:		City, State, Zip
Phone Number:	Fax Number:	

Bank Reference

Bank Name:		Account Number:
Street Address:		City, State, Zip:
Phone Number:	Fax Number:	Contact Name:

References

Name of Company:		Contact:
Mailing Address:		City, State, Zip:
Phone Number:	Fax Number:	Account Number:
Name of Company:		Contact:
Mailing Address:		City, State, Zip:
Phone Number:	Fax Number:	Account Number:
Name of Company:		Contact:
Mailing Address:		City, State, Zip:
Phone Number:	Fax Number:	Account Number:

Authorization

I hereby certify that the above information is true and accurate to the best of my knowledge. I hereby authorize our bank and trade references to release any information requested by S. I. Kincaid and Sons, Inc. for the purpose of obtaining credit. I understand that any information will be held in strict confidence and be used solely for the consideration of extension of credit. In the event this account is not paid according to the terms set forth in the statement, I agree to pay a monthly finance charge of 1.5% on the past due balance. If this account becomes delinquent, I agree to pay collection cost and attorney fees.

SIGNATURE:	
DATE OF APPLICATION:	

3/17/2014