

# S. I. Kincaid and Sons, Inc.

1500 West Main Street

Fairfield, IL 62837

Phone 618-842-2659 Fax 618-842-9320

[www.sikincaid.com](http://www.sikincaid.com)

## PERSONAL CREDIT APPLICATION

Name:	E-Mail Address:
Address:	City, State, Zip:
Phone #	

### BANK REFERENCE

Bank Name:	Acct. #
Address:	City, State, Zip:
Phone #	Contact Name:

### CREDIT REFERENCE

Name of Company:	Contact:
Address:	City, State, Zip:
Phone #	Acct. #
Name of Company:	Contact:
Address:	City, State, Zip:
Phone #	Acct. #
Name of Company:	Contact:
Address:	City, State, Zip:
Phone #	Acct. #

### CURRENT EMPLOYER

Employer:	Contact:
Address:	City, State, Zip:
Phone #	How Long Employed:

### AUTHORIZATION

I hereby certify that the above information is true and accurate to the best of my knowledge. I hereby authorize our bank and credit references to release any information requested by S.I. Kincaid and Sons 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.

Social Security #:	Date of Application:
Signature:	