

# S. I. Kincaid and Sons, Inc.

1500 West Main Street \* Fairfield, IL 62837

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

www.sikincaid.com

## BUSINESS CREDIT APPLICATION

Legal/Trade Name/DBA:		
Form of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Non-Profit		
Federal Tax ID:	Resale Number:	Years in Business:
Website Address:		E-Mail Address:
Billing/Mailing Address:		City, State, Zip
Phone Number:	Fax Number:	Accounts Payable Contact:
<b>Bank Reference</b>		
Bank Name:		Phone Number:
Address		City, State, Zip:
<b>Trade References</b>		
Name of Company:		Phone Number:
Mailing Address:		City, State, Zip:
Name of Company:		Phone Number:
Mailing Address:		City, State, Zip:
Name of Company:		Phone Number:
Mailing Address:		City, State, Zip:
<b>Authorization</b>		
<p>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.</p>		
If corporation, two officers must sign, giving their position. If partnership, a minimum of two partners must sign.		
AUTHORIZED SIGNATURE:		TITLE:
DATE OF APPLICATION:		
AUTHORIZED SIGNATURE:		TITLE:
DATE OF APPLICATION:		
I personally guarantee the payment of this account on behalf of the corporation.		
AUTHORIZED SIGNATURE:		SOCIAL SECURITY NUMBER:
DATE OF APPLICATION:		