

(Please Type	e or Prin	t)	Credi	t App	lication				Updated Ma	arch 11, 2020 HRM
Date:			Sales Rep:						Requested Cre	
								\$.00
Business Nan	ne (as foi	und on W-9):								
DBA, if different:									Year Established	
Company Mailing Address:								Fax #	Listabilished	
City, State, Zip:					F	ederal Tax	ID#:			
Business Type: (Check one)			Sole Proprietorship / Partnership	/ Corpora	ation / Non-Pro	fit/ O	ther:			
Preferred Method of Invoice								d of Invoice Re	ceipt:	
ACCOUNTS			PAYABLE CONTACT INFORMATION			EMAIL / US MAIL /FAX				
A/P Contact N	lame:				1	Γitle:				
Billing Address:						Billing Phon	e #:			
City, State, Zi	p:					Email Address:				
SHIPPING INFORMATION										
Purchasing Contact Name:					1	Γitle:				
Shipping Address:					5	Shipping Ph	one #:			
City, State, Zi	p:					Email Address:				
OWNERS OR OFFICERS										
Name, Title					F	Phone #:				
Name, Title					F	Phone #:				
TRADE REFERENCES										
1) Vendor	Name:					Phone #: # Years as				
City, State						r rears as Customer:				
2) Vendor	Name:					Phone #:				
City, State						Years as Customer:				
3) Vendor	Name:				F	Phone #:				
City, State						# Years as Customer:				
BANK REFERENCE										
Bank Name:						Phone #:				
Address:					2	City, State, Zip:				
AGREEMENT In the event the above-named APPLICANT purchases goods or materials from Adolph Kiefer & Associates, LLC on account: 1. The APPLICANT shall pay Adolph Kiefer & Associates, LLC for all goods or materials purchased by APPLICANT within agreed upon NET 30 payment terms; 2. The APPLICANT shall pay Adolph Kiefer & Associates, LLC interest at the rate of 1.5% per month on all invoice amounts that remain due and owing Adolph Kiefer & Associates, LLC for more than 30 days after the agreed upon NET terms; 3. The APPLICANT shall pay Adolph Kiefer & Associates, LLC any and all expenses, including court costs, reasonable attorneys fees, and reasonable collection agency fees, incurred by Adolph Kiefer & Associates, LLC in an effort to collect any unpaid invoice amounts due from APPLICANT to Adolph Kiefer & Associates; 4. The APPLICANT agrees that the rights and obligations of APPLICANT and Adolph Kiefer & Associates, LLC as they relate to this Credit Application and any and all purchases APPLICANT makes from Adolph Kiefer & Associates shall be governed by the law of the State of Illinois and proper venue shall be McLean County, IL; 5. The undersigned, on behalf of the APPLICANT, certifies that the information provided in this Credit Application is true and correct and herby authorizes the release of any and all information requested by Adolph Kiefer & Associates, LLC that may be relevant in any manner to the APPLICANT and this Credit Application; 6. SHORTAGES: must be reported with 7 (seven) business days of the receipt of shipment to be considered; DAMAGES: claims must be reported to Adolph Kiefer & Associates, LLC within 2 (two) business days of receipt of shipment; 7. RETURNED GOODS: may be subject to a re-stocking fee, and freight charges may still apply; 8. RETURNED CHECKS: there is a \$75 service charge for all returned checks										
Signature:						Office	Use O	nly	Approved?	Yes /No
Title:				Date:		Approve By:	d		Limit: \$	
Please Fax the completed form to (309) 451-5959 Or Email: ar@kiefer.com						Account #:				