

## **Kaplan Industries, Inc** 6255 Kilby Road Harrison, OH 45030

E-mail: zach@kaplanindustries.com

# **CONFIDENTIAL CREDIT APPLICATION**

#### \*\*PLEASE INCLUDE A COPY OF YOUR TAX EXEMPT FORM WITH APPLICATION\*\*

Company Info	rmation: All requested information must be provided to process application	
Business Name:		
Billing Address:		
City, State, Zip:		
Shipping Address: (if different from above)		
Business Phone:		
Business Fax:		
E-Mail Address:		
Principals/Officers:		
Purchasing Contact:		
Phone:		
Fax:		
Email:		
A/P Contact:		
Phone:		
Fax:		
Email:		
Additional Contact:		
Phone:		
Fax:		
Email:		
ADDITIONAL INFORMATION		



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## TRADE REFERENCES

Company Name:		
Address:		
Fax:		
Account #:		
Company Name:		
Address:		
Fax:		
Account #:		
Company Name:		
Address:		
Fax:		
Account #:		
Company Name:		
Address:		
Fax:		
Account #:		
Bank Information:		
Bank Name:		
Account #:		
Phone:		
Fax:		
CREDIT AMOUNT REQUESTED:		
Authorization To Release Information  I hereby authorize the trade references that I am providing to release any information requested of them		

necessary for us to establish a line of credit with Kaplan Industries, Inc.

Signed:	Title:
Signed:	Tille
OISHOUL	11001