



2208 Quarry Drive
Suite 201
Reading, PA 19609

Tel: 610.370.6585 Fax: 610.370.6750

Credit Application

(PLEASE PRINT BELOW)

Company Name:			
Address:			
Telephone:		Fax:	
Type of Business:		Years in Business:	
Sales Tax Exemption # (if applicable):	Website:		
Estimated Annual Sales			

Partners or Corporate Officers

Name	Title	Telephone
Accounts Payable Contact/Email address:		
Phone Number & Extension:		

Bank References

Bank Name & Address	Account Number (s)	Phone and or Fax Number

Trade References

Name	Address	Phone	Fax

- 1) Applicant agrees to pay all sums due as a result of credit extended by KB ALLOYS, within 30 days of the billing date thereof.
- 2) Applicant agrees to pay 1.5% per month interest on balances over 90 days and to pay any collection agency and/or litigation fees required by KB ALLOYS.
- 3) Should KB ALLOYS bring suit against Applicant for credit extended hereunder, Applicant agrees to pay all cost and expenses of such litigation, including reasonable attorney's fees and/or collection agency fees.
- 4) Customer agrees to pay related fees to KB ALLOYS for non-sufficient funds checks.

I certify that the above information is true. This information is to be used only for opening an account with KB ALLOYS.

Authorized Signature, Title, & Date _____



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The attached Authorization To Release Bank Credit Information form must be completed in order to establish a line of credit.

Authorization to Release Bank Credit Information

(Please return to the Accounts Receivable Department)
(PLEASE PRINT BELOW)

Date:	
Bank:	
Address:	
Account Number(s):	

To Whom It May Concern:

This letter is a written authorization to provide KB Alloys with pertinent bank information, so that the credit application may be approved. Time is of the essence, as an order is pending shipment.

Company Name:	
Address:	
Type or Print Name & Title:	
Authorized Signature/Title:	

Thank you for your cooperation.