



Kimball Distributing Inc.

CUSTOMER CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Contact Name:		Title:	
Company name ("Customer"):			
Phone:	Fax:	E-mail:	
Company Address:			
City:		State:	Zip:
Date business commenced:		Principal/Owner Name:	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	Zip:
Telephone:	Fax:	E-mail:	
Federal Tax ID:		Sales Tax ID:	
D&B No.:		Amount of Credit Requested: \$	

BANK ACCOUNT INFORMATION

Bank Name:			
Bank Address:		Phone:	
City:		State:	ZIP Code:
Type of Account:		Account Number:	
Bank Officer:			

BUSINESS/TRADE REFERENCES

REFERENCE			
Company Name:			
Contact Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

REFERENCE			
Company Name:			
Contact Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

REFERENCE			
Company Name:			
Contact Name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	



Kimball Distributing Inc.

CUSTOMER CREDIT APPLICATION

TERMS AND CONDITIONS

All accounts are COD until this Credit Application has been approved. Should Kimball decide to extend credit to Customer, Customer hereby grants Kimball a First Lien on any product delivered to Customer until such product is fully paid for. If any Customer indebtedness to Kimball is not paid in full when due, Customer agrees to pay all costs of collection, including reasonable attorney's fees. Any unpaid balance shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, from the date incurred until paid in full. If credit is extended, terms will be NET 15 days from the date of invoice. We further acknowledge that credit privileges, if granted, may be withdrawn at any time.

ACCEPTANCE AND APPROVAL

Signing this agreement indicates Customer's acceptance of the terms and conditions as stated. In addition, Customer hereby authorizes the above Bank and the listed Trade References to release to Kimball all relevant financial information requested which Kimball agrees shall be used for the sole purpose of determining the amount of credit to extend to Customer.

SIGNATURE

Printed Name of Authorized Representative	Title
Signature of Authorized Representative	Phone Number
Date	Email: