

K & E Distributing
 1501 Walnut St. PO Box 605
 Dallas Center, IA 50063

Phone: 515-992-3328
 Fax: 515-992-3832

APPLICATION FOR CREDIT

Company Name _____	Phone _____
Mailing Address _____	Fax _____
City, State, Zip _____	Other Phone _____
Physical Address _____	City, State, Zip _____
Type of Business _____	

Corp. / Sole Proprietor / Partnership

Owner / President _____	Contractor's License No. _____
In Business Since _____	Credit or A/P Contact _____

Bank _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____ Fax _____

Acct # _____

Bank _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____ Fax _____

Acct # _____

Supplier _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____ Fax _____

Acct # _____

Supplier _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____ Fax _____

Acct # _____

Supplier _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____ Fax _____

Acct # _____

Supplier _____

Address _____

City, State, Zip _____

Contact Name _____

Phone _____ Fax _____

Acct # _____

Your payment terms will be 2% 10 days Net 30 days. I agree to pay within these terms. All past due accounts will be subject to a service charge of 1.65% per month (19.8% annual rate), plus any reasonable attorney fees, if collection becomes necessary. Minimum monthly finance charge is \$5.00.

Name	Signature	Title	Date
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