



4100 Main Street Kansas City, MO 64111

816.931.0250 www.eskc.com

APPLICATION FOR CREDIT

Company Name: _____

Address: _____

Shipping Address: _____

City: _____ State _____ Zip _____

City: _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Phone (____) _____ Fax (____) _____

Are you exempt from sales tax? Yes _____ No _____

If Yes, complete Tax Exemption Form 149.

Type of Ownership: Corporation _____ Partnership _____ Individual _____

Officer Name: _____

Title _____

Officer Name: _____

Title _____

Years in Business: _____

Type of Business: _____

Are Purchase Orders required? Yes _____ No _____

Accounts Payable Contact: _____

Accounts Payable Email: _____

To receive invoices via email, please provide one email recipient: _____

BANK INFORMATION

Bank Name _____

Phone (____) _____ Acct. No. _____

Address _____

City _____ State _____ Zip _____

CREDIT REFERENCES: (In order to be processed, email address must be correct.)

Name _____

Phone (____) _____

Email _____

Name _____

Phone (____) _____

Email _____

Name _____

Phone (____) _____

Email _____

If this application is accepted and credit is extended, the applicant shall be deemed to have agreed to the following terms and conditions. If accounts are not promptly paid when due, and this account is collected by a collection agency or an attorney, by suit or otherwise, applicant agrees to pay all collection fees and/or attorney's fees and cost of collection. Terms if not otherwise specified are NET 30 Days.

Owner's Personal Guarantee _____

Company Authorization _____ Title _____ Date _____