



## **Customer Credit Application**

Thank you for your interest in Kamo Manufacturing Inc. In order to apply for an account, the following application should be filled out completely and accurately to the best of your knowledge. All information contained in this application will be kept confidential. Credit applications can be faxed to 706-722-1606 attention Credit Department or emailed to cs@kamo.com.

Billing Address:	
Company Name	
Street	
City, State, Zip	
Phone	Email
Shipping Address (if diffe	erent from billing):
Company Name	
	City, State, Zip
Phone	Email
Owner's Name  Tax ID Number	
Sales Tax Exempt: Yes_	
**If sales tax exempt ple	ease include tax exemption certificate.
Are you a member of a p	urchasing organization (GPO)? Yes No Unknown
Is yes, please provide the	name of the purchasing organization (ie. Vizient, Premier)
Does your organization re	equire purchase orders for supplies ordered? Yes No

Purchasing Agent	Pho:	ne
Accounts Payable Contact	Phor	
If you would prefer to receive i	invoices via email, please provid	de email address:
Email address		
<u>Trade References</u> :		
	ply vendors that you currently had mation may increase the time it	ave Net 30 accounts with. takes to process your application.
1. *Company Name		
Address	City	Zip
Contact Name	*Phone	
*Email		
Address_	City	Zip
Contact Name	*Phone	
*Email		
3. *Company Name		
Address_	City	Zip
Contact Name	*Phone	
*Email_		
*Required information		
interest for late payments in the due date based on the payment	e monthly amount of 1.5% of an terms of the account and all cos n agency fees and any other exp	cant agrees to pay Kamo default by invoice balance not paid by the sts of collection, including court benses incurred on the behalf of
Authorized Signature	Date	
Printed Name/Title		