



KAY TOLEDO TAG, INC.

Credit Application - Page 1 of 2

Company Name:	
Any DBAs:	
Address:	City, State, Zip:
Phone #:	Parent Co. Name:
If Corporation, list Owner and VP:	Parent Co's DUN's #:

Billing Address:	
Shipping Address:	
Purchasing Contact (Name/Phone#):	
Payable Contact (Name/Phone#):	Fax #:

<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	Nature of your business _____
How long at present location _____		Number of employees here _____	Number of employees company-wide _____	
Number of locations _____		State of Incorporation _____	Date of Incorporation _____	
Requested credit line _____		Anticipated monthly purchases \$ _____	DUN's number _____	
Charge sales tax on invoices? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "no," indicate reason: <input type="checkbox"/> Reseller <input type="checkbox"/> Exempt Exempt#: _____		
(Must attach tax exemption/resale certificate, or direct pay permit to this application)				

Authorized Purchasers (Names and Titles)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
P.O. Number Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional restrictions: _____	

FOR CREDIT DEPARTMENT USE ONLY			
<input type="checkbox"/> Approved	Credit Limit \$ _____	<input type="checkbox"/> Declined	Initials _____
Entered by _____		Date _____	Customer Type _____
Acct# _____	Notes _____		

SUBMITTED BY	
Sales person's name _____	
Sales person's number _____	
Store # _____	

(Continued on reverse side)



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Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

Bank Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Contact:

For the consideration of the extension of credit to the named firm, the undersigned promises to pay to the order of Kay Toledo Tag, Inc. at their office in Toledo, Ohio, all charges to the account of the above firm on or before 30 days from date of invoice. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum then allowable under state law from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added the same as attorney's fees.

Please accept this as authorization for the above listed credit references to release information on our account to Kay Toledo Tag, Inc.

ALL INFORMATION MUST BE COMPLETED IN FULL AND SIGNED BY AN OFFICER OF THE COMPANY BEFORE THE EXTENSION OF CREDIT WILL BE CONSIDERED.

By: _____ Signature	Title: _____
By: _____ Print Name	Date: _____