

TO AVOID DELAY OF CREDIT APPROVAL, PLEASE COMPLETE ALL ITEMS ON THIS APPLICATION

REQUEST FOR CREDIT

To be submitted on all new accounts and on accounts inactive for one year or more. You have our assurance that all information will be treated in the strictest confidence, and that your trust will not be violated.

A. Official Name of Business _____ Tel# _____
Address _____ Fax# _____
City _____ State _____ Zip _____
Email _____

B. Federal Identification # _____ State Sales Tax# _____

Corporation Partnership Sole Proprietorship *If sole proprietorship or partnership, please provide following information:*

| | |
|-----------------------------------|-----------------------------------|
| 1. Name _____ | 2. Name _____ |
| Address _____ | Address _____ |
| City, _____ State _____ Zip _____ | City, _____ State _____ Zip _____ |
| Title _____ Soc. Sec. # _____ | Title _____ Soc. Sec. # _____ |

C. Type of Business _____ How long established _____

D. Principal Trade Suppliers (Please supply four trade references.)

| | |
|-----------------------------------|-----------------------------------|
| 1. Name _____ | 2. Name _____ |
| Address _____ | Address _____ |
| City, _____ State _____ Zip _____ | City, _____ State _____ Zip _____ |
| Tel# _____ Fax# _____ | Tel# _____ Fax# _____ |

| | |
|-----------------------------------|-----------------------------------|
| 3. Name _____ | 4. Name _____ |
| Address _____ | Address _____ |
| City, _____ State _____ Zip _____ | City, _____ State _____ Zip _____ |
| Tel# _____ Fax# _____ | Tel# _____ Fax# _____ |

E. Bank Account(s)

| | |
|-----------------------------------|-----------------------------------|
| 1. Name _____ | 2. Name _____ |
| *MICR# _____ | *MICR# _____ |
| Address _____ | Address _____ |
| City, _____ State _____ Zip _____ | City, _____ State _____ Zip _____ |
| Tel# _____ Fax# _____ | Tel# _____ Fax# _____ |
| Contact _____ | Contact _____ |

F. Credit Amount Requested \$ _____ * Includes all the numbers at the bottom of your checks.

I (we) understand that Kapco's credit terms are as follows:

1. Kapco's regular terms net 30 days. On the 31st day, invoices become past due.
2. Kapco customers agree to pay a 1 ½% service charge on any and all past due accounts.
3. I (we) grant permission to Kapco to verify the above information with the trade suppliers and banks listed above.
4. If my (our) account is placed for collections, I am (we are) responsible for the attorney fees.
5. Kapco chooses venue for all litigations.

6. If your purchases are tax exempt you must file a completed Sales Tax Exemption form with Kapco.

Signature _____ Printed Name _____

Title _____ Date _____





Your Company Name: _____ Tel# _____

Select One:

- _____ A. Purchases from Kapco are subject to Sales Tax
- _____ B. Purchases from Kapco are exempt from Sales Tax

If you selected "A" above do not complete the remainder of this form.

SALES & USE TAX BLANKET CERTIFICATE OF EXEMPTION

The purchaser hereby claims exception or exemption on all purchases of tangible personal property and selected services made under this certificate from:

Kent Adhesive Products Company (Kapco)

PURCHASER MUST STATE A VALID REASON FOR CLAIMING EXEMPTION OR EXCEPTION BY CHECKING ONE OF THE APPLICABLE BLOCKS BELOW:

- () 1. For resale in the form in which the same is, or is to be, received.
- 2. For use or consumption -
- () A. As a material or part for incorporation into personal property to be produced for sale by manufacturing, assembling, processing or refining.
- () B. Directly in the production of personal property for sale by manufacturing, processing, refining, assembling or mining
- () C. Directly in the production of personal property for sale by farming, agriculture, horticulture or floriculture.
- () D. Directly in production of crude oil or natural gas.
- () E. Directly in rendition of a Public Utility Service.
- () F. Directly in making Retail Sales.
- () G. Directly in industrial cleaning of personal property.
- () H. Directly in cleaning personal property used in rendition of a towel or linen service or supply.
- () I. Directly in commercial fishing
- 3. A sale:
- () A. To a church
- () B. To an organization not-for-profit, operated exclusively for charitable purposes in this state
- () OTHER (describe below)

This certificate shall continue in force until revoked and shall be considered a part of each order given to the above vendor unless the order specifies otherwise.

Purchaser's Name

Purchaser's Activity, i.e., Manufacturer, Church, Etc.

Purchaser's Address

Signature & Title

Date

Vendor's License Number, if any