KAL-LITE®

KAL-LITE® Application for Credit

Name _____ Date _____

Address _____ Business Phone _____

City _____ Fax Number _____

Project _____ Address _____

Owners or Corporate Officers

Name _____ Title _____

Name _____ Title _____

Bank Ref. _____ Account # _____

Bank _____ Type of Account _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Trade References

Supplier _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Supplier _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Supplier _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Bond Coverage (If Applicable)

Insurance Company: _____ Agents Name _____

Address _____ Bond Number _____

City _____ State _____ Zip _____

I hereby authorize the company to whom this information is given or any investigate agency employed by said company. To investigate the statements obtained from me regarding my financial responsibility for the purpose of obtaining credit under the contract. I agree to pay all invoices in accordance with the contract as they become due.

Return to: Credit Department | PO Box 237 | Manchester, NH 03105

By _____ Title _____