

KRC SAFETY CO., INC.
P.O. BOX 6356 VISALIA, CA 93290
Phone: (559)732-0393 Fax:(559)732-2684

CUSTOMER CREDIT APPLICATION

BUSINESS NAME: _____ YEARS IN BUSINESS: _____
YEAR BUSINESS STARTED: _____ CORPORATION / PARTNERSHIP / PROPRIETOR _____
FEDERAL TAX ID# _____ CONTRACTORS LICENSE # _____
BILLING ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE: _____ FAX: _____
OWNER / PRESIDENT NAME: _____
ACCOUNTS PAYABLE CONTACT NAME: _____

CREDIT REFERENCES:		
BUSINESS NAME:	CUSTOMER NUMBER:	PHONE NUMBER / CONTACT:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

~~TERMS: PAYMENT TERMS ARE AGREED TO BE NET 30 DAYS, UNLESS INDICATED DIFFERENTLY PER A WRITTEN AND SIGNED CONTRACT.~~

LOSSES: EQUIPMENT LOST OR STOLEN WILL BE INVOICED BASED UPON REPLACEMENT COST AND PAID WITHIN 30 DAYS.

RENTAL: RENTAL INVOICES ARE FOR RENT ONLY AND NOT APPLICABLE TO PURCHASE OR LOSS REPLACEMENT.

SIGNED & ACKNOWLEDGED BY: _____

PRINT NAME: _____ DATED: _____