

APPLICATION FOR CREDIT

BY:

NAME OF FIRM OR INDIVIDUAL _____

ADDRESS _____ YEARS AT THIS ADDRESS _____

CITY _____ STATE _____ ZIP _____ AREA CODE _____ PHONE _____

HEREBY applies for credit in accordance with the terms and conditions of:

TO:

Kanawha Manufacturing Company Karen Lee
 CREDIT MANAGER

P.O. Box 1786

Charleston, WV 25326-1786 OUR NORMAL CREDIT TERMS

FOLD

The following information must be provided. It will be held in the strictest confidence.

OWNERSHIP:

Corporation Check here if incorporated within the past 12 months Partnership Individual

1. NAME(S) OF PRINCIPAL(S) _____ COMPLETE ADDRESS _____ ZIP _____ PHONE _____

2. _____

3. _____

4. _____

FOLD FOR WINDOW ENV.

** Please provide current financial statement.

FINANCE:

BANK _____ BANK ADDRESS _____

BANK OFFICER OR DEPARTMENT _____ PHONE _____

REFERENCES:

1. BUSINESS NAME _____ COMPLETE ADDRESS _____ ZIP _____ PHONE _____

2. _____

3. _____

4. _____

Check here if cash sales are okay until credit is approved.

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

(Signed) _____

Date _____ 19 ____ (Title) _____

Please do not write in the space below

VERIFICATION:

REFERENCES CHECKED BY _____

REFERENCE RESULTS _____

CREDIT APPROVED, BY _____

CREDIT REFUSED, BY _____

DATE _____