



Please complete and return to your nearest Kirby Risk location.

Date

Firm Name

Trade Name or DBA

Ship to Address

Bill to Address

Accounts Payable Contact

Type of Business

Date Business established

SIC Code:

DUNS #:

Number of Employees:

List names of persons authorized to purchase: (attach separate sheet, if necessary)

Anticipated Annual Purchases \$

Business Phone ()

Fax Number ()

A/P E-mail Address

If non-taxable, please attach tax exempt certificate Yes No

Invoice required? Yes No

Statements Required? Yes No

Send by: Mail

Fax

Email

Are priced packing slips required? Yes No

Is Purchase Order Required? Yes No

Ownership: Corporation State in which incorporated

Year incorporated

Partnership*

Proprietorship*

Limited Partnership*

LLC*

Names of Owners, Partners, or Officers:

Name Title % of Ownership

Residence Address

Social Security # Home Phone Cell Phone

Former/Present Affiliated Companies

How Related?

Pending Litigation? If Yes, Details:

Bankruptcy Filed? If Yes - Date and Case #:

Name Title % of Ownership

Residence Address

Social Security # Home Phone Cell Phone

Former/Present Affiliated Companies

How Related?

Pending Litigation? If Yes, Details:

Bankruptcy Filed? If Yes - Date and Case #

*If you are a partnership, proprietorship, limited partnership, or LLC you are required to sign this Application and provide a social security number.

PLEASE ATTACH LIST OF REFERENCES

(continued)

The buyer understands that the seller is relying on the information provided herein in deciding to grant or continue credit. The buyer represents and warrants that the information provided is true and complete and that the seller may consider it as continuing to be true and correct until a written notice of change is provided by the buyer. Seller is authorized to make all inquiries deemed necessary including but not limited to pulling consumer credit reports on any owners and principals of the company in order to verify the accuracy of the statement made herein to determine creditworthiness.

It is agreed that the buyer will pay all invoices in accordance with terms and service charges will be assessed on delinquent invoices at the rate of 2% per month (24% per annum). Buyer agrees to pay all collection costs including court costs, attorney fees of not less than 25% of the unpaid amount of invoices and service charges, all other costs of collection which the seller may incur in enforcing the terms of this agreement, all without relief from valuation or appraisal laws. If legal action becomes necessary by either seller or buyer, it is also agreed that this or any contemporaneous or subsequent agreement will be governed as to validity, interpretation, construction, effect and all other respects by the laws of the State of Indiana under the jurisdiction of the State of Indiana Courts and that venue in any such action shall be in the County of Tippecanoe.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

Date

Buyer's Signature

Print Name

Print Title (Officer or Authorized Designee)

Please attach signed current financial statements.