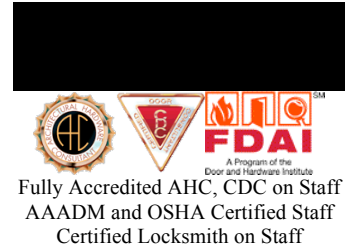




Distributors of:
Doors, Frames, Hardware, and
Security & Specialty Products

Mail: Kelley Bros, LLC
PO Box 177
Colvin Station
Syracuse, NY 13205
Ph: 315-478-2151
Email: info@kelleybros.com



CREDIT APPLICATION

Company Name: _____

Date: _____

Year Established: _____ Tax ID: _____ *If exempt from Sales Tax attach Certificate.*

Individual: _____ Partnership: _____ Corporation: _____ Date & State of Incorporation: _____

Principal Name: _____ Dun & Bradstreet# if applicable: _____

Billing Address:

Shipping Address:

Alternate Shipping Address:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Customer Contact:

Accounts Payable Contact:

Name: _____

Name: _____

Email: _____

Email: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

Purchasing Contact(if different than customer contact):

Alternate A/P if applicable:

Name: _____

Name: _____

Email: _____

Email: _____

Telephone: _____

Telephone: _____

Fax: _____

Fax: _____

** The Undersigned hereby authorizes the release of information for the purpose of establishing an account with Kelley Bros, LLC. All information obtained will be used for that purpose and will be held in strict confidence. The Undersigned hereby agrees and understands that all charges are payable in full in 30 days. Past due invoices will be charged 1-1/2% per month late charge.

Bank Reference: _____ **Account#:** _____

Contact Name: _____ **Phone:** _____

Address: _____

Trade References:

1)Name: _____

2)Name: _____

3)Name: _____

Phone: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Address: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed

Printed Name

Date

For Internal Use:

Approved _____ Not Approved _____ Credit Limit _____ Date _____ By _____