



50 Oak Ct. Suite 210 -Danville CA - Phone 925-831-9800 — Fax 925-831-9183

CREDIT APPLICATION

Date _____
Minimum credit applied for \$ _____ (Specify dollar amount)
D & B Number _____ Federal Tax I.D. Number _____
Name of Firm _____ Phone # _____ Fax # _____
Business Street Address _____
Billing Address _____
City _____ State _____ Zip Code _____
Type of Business _____

Name of Officers/Owners of Firm
Name Title Home Address Phone

Year Established _____ Form of Business: Proprietorship _____ Partnership _____ Corporation _____
Accounts Payable Contact _____ Telephone _____
Accounts Payable E-Mail _____

Sales Tax Exemption? Yes _____ No _____ (If yes, please attach Tax Exemption Certificate.)
Bank Affiliation _____ Account Number _____
Bank Telephone No. _____ Bank Officer _____
Business References: (Give references that extend a line of credit similar to what is currently requested.)

- 1. _____ Phone# _____ Fax # _____
- 2. _____ Phone # _____ Fax # _____
- 3. _____ Phone # _____ Fax # _____

PAYMENT TERMS NET 30 DAYS FROM INVOICE

The information above is submitted for the purpose of obtaining credit from Kleen Industrial Services Inc. The Applicant agrees to pay for all items delivered to or at the request of Applicant by Kleen Industrial Services Inc within thirty (30) days from date of Kleen Industrial Services Inc invoice or within the time established on the face of Kleen Industrial Services Inc's invoice for said items, whichever is greater. All accounts are due and payable at the remittance address shown on the Kleen Industrial Services Inc invoice. The Applicant understands that past due accounts are subject to a "credit hold" status and C.O.D. terms for all future purchases.
Should collection become necessary, the Applicant agrees to pay all costs incurred, including a reasonable attorney's fee. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands the same.
Applicant authorizes Kleen Industrial Services Inc to obtain credit and financial information concerning the Applicant at any time and from any source.

Authorized Signature _____ Title _____

Printed Name _____ Date _____

5 0 O a k C t . S u i t e 2 1 0 . D a n v i l l e C A 9 4 5 2 6
P h o n e : 9 2 5 . 8 3 1 . 9 8 0 0 - F a x : 9 2 5 . 8 3 1 . 9 1 8 3