



KAY TOLEDO TAG, INC.

6050 Benore Road • Toledo, OH 43612

419-729-5479 • 1-800-822-8247

419-729-0315 • 1-800-265-1948 FAX

Credit Card Information Sheet

Company

Name: _____

Card #: _____

Expiration Date: _____

Verification #: _____

(MC - VISA: 3 digit number on back of card in signature panel,
American Express: 4 digit number on front of card,
cannot process transaction without this code)

Cardmember

Name: _____

Name of Person

Authorizing Transaction: _____

Card Billing

Address: _____

Zip Code: _____



KAY TOLEDO TAG, INC.

Credit Application - Page 1 of 2

Company Name:	
Any DBAs:	
Address:	City, State, Zip:
Phone #:	Parent Co. Name:
If Corporation, list Owner and VP:	Parent Co's DUN's #:

Billing Address:	
Shipping Address:	
Purchasing Contact (Name/Phone#):	
Payable Contact (Name/Phone#):	Fax #:

Non-Profit
 Corporation
 Proprietorship
 Partnership
Nature of your business _____

How long at present location _____
Number of employees here _____
Number of employees company-wide _____

Number of locations _____
State of Incorporation _____
Date of Incorporation _____

Requested credit line _____
Anticipated monthly purchases \$ _____
DUN's number _____

Charge sales tax on invoices?
 Yes
 No
If "no," indicate reason:
 Reseller
 Exempt
Exempt#: _____

(Must attach tax exemption/resale certificate, or direct pay permit to this application)

Authorized Purchasers (Names and Titles)

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____
P.O. Number Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Additional restrictions: _____	

FOR CREDIT DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved Credit Limit \$ _____	<input type="checkbox"/> Declined Initials _____
Entered by _____	Date _____ Customer Type _____
Acct# _____	Notes _____

SUBMITTED BY	
Sales person's name _____	
Sales person's number _____	
Store # _____	



KAY TOLEDO TAG, INC.

Credit Application - Page 2 of 2

Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

Trade Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Fax #:

Bank Reference

Name:	Account #
Address:	Phone:
City, State, Zip:	Contact:

For the consideration of the extension of credit to the named firm, the undersigned promises to pay to the order of Kay Toledo Tag, Inc. at their office in Toledo, Ohio, all charges to the account of the above firm on or before 30 days from date of invoice. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum then allowable under state law from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit or the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added the same as attorney's fees.

Please accept this as authorization for the above listed credit references to release information on our account to Kay Toledo Tag, Inc.

ALL INFORMATION MUST BE COMPLETED IN FULL AND SIGNED BY AN OFFICER OF THE COMPANY BEFORE THE EXTENSION OF CREDIT WILL BE CONSIDERED.

By: _____ Title: _____
Signature

By: _____ Date: _____
Print Name