



ALUMINUM EXTRUSION

P.O. Box 626, 1188 Cayadutta Street, Fonda, New York 12068
Phone: (518) 853-3421 Fax: (518) 853-3130

APPLICATION FOR CREDIT

Please complete, sign, and date this form and return to:

Linda Kilmartin
(T) 800-833-1609
(F) 518-853-3929

lkilmartin@keymarkcorp.com

COMPANY INFORMATION

Name of Company _____
 Years in Business _____
 Address _____
 P.O.Box _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____
 Person to contact regarding invoices & payment: _____
 Phone # _____ Ext. _____
 E-mail address _____
 Is Business a _____ Corporation _____ Partnership _____ Sole Proprietorship
 Tax Exemption Number _____ Please submit Tax Exempt Certificate

*****Please submit your most current year-end company financial statement*****

Name of Principal _____	Name of Principal _____
Title _____	Title _____
Street _____	Street _____
City State Zip _____	City State Zip _____
Phone _____	Phone _____

"The Aluminum Extrusion Supplier of Choice"

www.keymarkcorp.com



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TRADE REFERENCES

(1)Name_____	(2)Name_____
Address_____	Address_____
City,State,Zip_____	City,State,Zip_____
Phone_____ Fax_____	Phone_____ Fax_____
Contact_____	Contact_____

(3)Name_____	(4)Name_____
Address_____	Address_____
City,State,Zip_____	City,State,Zip_____
Phone_____ Fax_____	Phone_____ Fax_____
Contact_____	Contact_____

BANK REFERENCES

(1)BANK_____	(2)BANK_____
Address_____	Address_____
City,State,Zip_____	City,State,Zip_____
Phone_____ Fax_____	Phone_____ Fax_____
Branch_____	Branch_____
Account # _____	Account # _____

We certify that all the information on this form is correct; and that we fully understand seller's credit terms and agree to the proper payment in consideration of extended credit. Where it is necessary to institute collection procedures, customer agrees to pay all reasonable attorney's/collection fees resulting from same.

The above information is for the purpose of obtaining credit. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to My/Our credit and financial responsibility.

Signed_____ Title_____ Date_____

Please Do Not Write in Space Below. To be completed by the Credit Dept.

D & B_____ Credit OK_____ Credit Refused _____ By _____ Limit _____
Date _____

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