

Kennedy Skylights Credit Application

Basic Company Information

Company Name _____ Phone _____
DBA/Branch Location _____ Fax _____
Contact Person _____ Federal Tax ID _____
A/P Contact Person _____ Purchase Order Req. Yes No

Address Information

Mailing Address (For Invoices)

Street _____
City _____
State _____
Zip _____

Shipping Address (If Different)

Street _____
City _____
State _____
Zip _____

Additional Company Information

Owners/Officers

Name _____ Title _____
SS# _____
Name _____ Title _____
SS# _____
Name _____ Title _____
SS# _____
Name _____ Title _____
SS# _____

Name _____ Title _____
SS# _____
Type Of Business _____
Date Business Established _____

Ownership Type

- Corp.
- Partnership
- Sole Proprietor
- LLC
- Other

Trade References

Name _____
Address _____
Phone _____
Fax _____

Name _____
Address _____
Phone _____
Fax _____

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Banking Information

Bank References

Account #: _____ Account #: _____
Bank Phone: _____ Bank Phone: _____
Bank Name: _____ Bank Name: _____
Bank Address: _____ Bank Address: _____

Signature & Authorization

I represent that the above information is true and is given to induce Kennedy Skylights, LLC to extend credit to the applicant. My company and I authorize Kennedy Skylights, LLC to make such credit investigation as Kennedy Skylights, LLC sees fit, including contacting the above trade references and bank and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to Kennedy Skylights, LLC any and all information concerning the financial and credit history of my company.

Authorized Signature _____ Date _____

Printed Name _____ Title _____

Company Name _____

***Please provide us with a copy of your Annual Resale Tax Certificate*

**Please complete and Fax this form to:
(407) 330-5125**