



# THE G. W. VAN KEPPEL COMPANY

1801 North 9th Street, Kansas City, KS 66101 (913) 281-4800  
P.O. Box 2923, Kansas City, KS 66110 Fax (913) 281-4815

## APPLICATION FOR CREDIT

APPLICANT: \_\_\_\_\_

TRADE NAME DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of THE G.W. VAN KEPPEL CO

\_\_\_\_ CORPORATION      \_\_\_\_ PARTNERSHIP      \_\_\_\_ INDIVIDUAL      \_\_\_\_ LLC

FEDERAL ID# \_\_\_\_\_ OR SS# OF INDIVIDUAL \_\_\_\_\_

STATE OF INCORPORATION \_\_\_\_\_ DATE OF INCORPORATION/ BUSINESS  
STARTED \_\_\_\_\_

TAX STATUS: \_\_\_\_ TAXABLE      \_\_\_\_ TAX EXEMPT \*\* CERTIFICATE MUST ACCOMPANY APPLICATION

OWNER(S) NAME \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
(INDIVIDUAL)

PARTNERS NAMES \_\_\_\_\_ TELEPHONE # \_\_\_\_\_  
(PARTNERSHIP)

\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

PRINCIPALS \_\_\_\_\_ TITLE: \_\_\_\_\_  
(CORPORATION)

\_\_\_\_ TITLE: \_\_\_\_\_  
\_\_\_\_ TITLE: \_\_\_\_\_  
\_\_\_\_ TITLE: \_\_\_\_\_

ARE PURCHASE ORDER/JOB NAMES REQUIRED \_\_\_\_\_

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize The G.W. Van Keppel Co. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed.

Signature: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

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## BANK REFERENCE:

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## BUSINESS REFERENCES:

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

## TERMS & CONDITIONS OF THIS CREDIT APPLICATION

- 1) Until credit approval can be obtained, new accounts will be shipped C.O.D., Cash or Certified Check
- 2) All past due amounts due and owing The G.W. Van Keppel Co. shall bear service charges from date due until paid at the greatest applicable non-usury interest rate permitted by law. If no usury statute shall apply, all past due amounts may bear interest at 1.5% per month.
- 3) Orders with outstanding and past due balances will be processed on C.O.D. basis only
- 4) Debtor agrees to remit all invoices to: **LOCK BOX 879515 – KANSAS CITY, MO 64187-9515**

I certify that I have read and agreed to the terms above. I further agree to pay all interest, costs of collection, and/or legal fees incurred by The G. W. Van Keppel Co. that are necessary to collect amounts owed by this credit applicant

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_