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# KENTWOOD

MANUFACTURING COMPANY

## APPLICATION FOR CREDIT

Please send a copy of your resale tax certificate of exemption with completed application.

Date:

Company		Ship To	
Contact			
Address		Type of Business – Please Check One	
City/State/Zip		<input type="radio"/> Corporation <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership	
Phone No.	Fax No.	Tax ID No.	Year Established
Purchasing Email Address		Name of Principle	
A/P Email Address		<input type="radio"/> Check to Accept Invoices Sent by Email	

### TRADE REFERENCES

Name _____	Phone No. _____
Address _____	Fax No. _____
City/State/Zip _____	Account No. _____
Name _____	Phone No. _____
Address _____	Fax No. _____
City/State/Zip _____	Account No. _____
Name _____	Phone No. _____
Address _____	Fax No. _____
City/State/Zip _____	Account No. _____
Name _____	Phone No. _____
Address _____	Fax No. _____
City/State/Zip _____	Account No. _____

### BANK INFORMATION

Bank Name _____	Phone No. _____
Address _____	Fax No. _____
City/State/Zip _____	Account No. _____