



Kenneth Crosby, a DXP Company
 35 Anderson Avenue, Suite 2, Falconer, NY 14733
 Phone: (716) 484-1126 Fax: (716) 484-1867
 www.kennethcrosby.com

Customer Credit Application

Date: _____ **We were referred by:** _____

Customer Bill To Name:
Address:
City/ State/Zip:
Phone/Fax:
Customer Ship To Name:
Address:
City/ State/Zip:
Phone/Fax:
Preferred ship method:
Website:

Type of Business: _____ **Years in Business:** _____
Will accept faxed or emailed invoices Fax _____ Email _____ Fax # or email: _____

Below please provide: Contact name, direct phone, fax #, and email if available.

Accts Pay Contact: _____
Controller: _____
Purchase Agent: _____
President: _____

****Tax Exempt:** Yes No **(IF YES, YOU MUST ATTACH ST-121 or ST-120 CERTIFICATE)****

*****Federal ID Number or Social Security Number:** _____

Dun & Bradstreet #: _____

List three trade references, including phone number and fax number:

1. Name: _____
Address: _____
Phone #: _____ **Fax #:** _____

2. Name: _____
Address: _____
Phone #: _____ **Fax #:** _____

3. Name: _____
Address: _____
Phone #: _____ **Fax #:** _____

Bank Information:
Name: _____ **Phone#:** _____
Account#: _____ **Fax #:** _____

I certify that all statements in this application are true and complete and made for the purpose of obtaining credit from DXP Enterprises, Inc. and its subsidiaries. I authorize DXP Enterprises, Inc. to investigate the references herein listed, or statements of the data obtained pertaining to my credit and financial responsibility and agree that they shall become the property of DXP Enterprises, Inc. whether or not credit terms are granted.

I agree that interest at the maximum rate allowed by law will be paid to DXP Enterprises, Inc. on any indebtedness not paid according to the terms as shown on the invoice or other evidence of indebtedness. I, the undersigned, agree to pay these charges which shall begin the day after the indebtedness becomes due and shall continue until payment shall be applied to any unpaid interest charges first, and the balance of the partial payment then applied to the oldest remaining indebtedness.

It is understood and agreed that failure to pay any invoice or other indebtedness on or before the due date at the option of DXP Enterprises, Inc. mature the whole indebtedness.

If indebtedness is placed in the hands of any attorney for collection or is collected by suit or through probate or bankruptcy proceedings, the undersigned agrees to pay cost plus attorney fees.

****Signed by:** _____
must be authorized

****Title:** _____

****Printed Name:** _____

Account set up date: _____

Customer# _____

Salesman# _____

Credit Limit _____

KC Use Only