

**Kay Park-Rec Corp.**  
**P.O. Box 477/ 1301 Pine St. Janesville, IA 50647-0477**

**APPLICATION FOR CREDIT**

**New Account** \_\_\_\_\_ **Update Account** \_\_\_\_\_

Business Name \_\_\_\_\_ Phone \_\_\_\_\_

Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business \_\_\_\_\_ (i.e. construction, distributor, etc.)

Corporation \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Other (explain) \_\_\_\_\_

D&B No. \_\_\_\_\_ S.S. No. or FEIN \_\_\_\_\_

Year Started \_\_\_\_\_ Amount of Credit Desired \_\_\_\_\_

**Officers, Partners, Owners**

<b>Name</b>	<b>Title</b>	<b>Home Address</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has applicant ever filed bankruptcy ? (Under this name or any other name) Yes \_\_\_ No \_\_\_

Is applicant currently in default under terms of any credit accommodation ? Yes \_\_\_ No \_\_\_

Is applicant currently in any lawsuit, or otherwise have an outstanding judgement Yes \_\_\_ No \_\_\_

Against you ? If yes, please describe circumstances.

**Credit References Must Be Filled Out On Page 2 or Supply a Reference Sheet**

I hereby authorize Kay Park-Rec Corp. to obtain credit information from my banks and suppliers as necessary. I further agree to be responsible to pay for items according to the terms extended per the customer invoice, and agree to pay service charges of 1 ½% per month or 18% per annum on late payments. All information submitted is correct to the best of my knowledge. Faxed signature may be used in place of original signature.

**Firm Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_

## Credit References: Please Supply Fax Numbers

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Account Manager \_\_\_\_\_ Account No. \_\_\_\_\_

### Trade References:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Contact Person \_\_\_\_\_

Will you supply a financial statement if requested? \_\_\_\_\_

Annual Sales \_\_\_\_\_

Number of employees \_\_\_\_\_

Other related product lines sold \_\_\_\_\_