



APPLICATION FOR CREDIT*

NOTE: Please return completed application to orders@kromamericas.com

Legal Business Name: _____

Doing Business as (if different than above): _____

Type of Entity (corporation, partnership, sole proprietor): _____

Principal Place of Business (address): _____

State of Incorporation: _____ Date of Incorporation: _____

Registered Agent Name and Address: _____

Officer Names and Titles: _____

SHIP TO (Name and Address): _____

BILL TO (Name and Address): _____

Telephone No.: _____ Fax: _____ Email: _____

Authorized Buyer(s): _____

Principal Bank (Name and address) _____

Checking Account No. _____ Tax Exempt No. _____

D&B No. _____ Credit Card Name: _____

Credit Card Account No. _____ Expiration Date: _____

REFERENCES:

Name and Address: _____

Phone No. _____ Fax No. _____

Name and Address: _____

Phone No. _____ Fax No. _____

Name and Address: _____

Phone No. _____ Fax No. _____

Signature: _____ Date: _____

*NOTE: ALL NEW ACCOUNTS WILL BE SET UP AS PREPAID (CREDIT CARD, ACH, ETC.). ACCOUNTS WITH GREATER THAN \$5000/YEAR IN PURCHASES MAY BE ELIGIBLE FOR OPEN ACCOUNT WITH TERMS.



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