



Credit Line Request

Thank you for your interest in **Kerno**. To establish a line of credit with us, please list your trade references below. Account information submitted on this form will remain confidential and be used for the sole purpose of communicating with you and/or your trade references regarding your account.

Under no circumstances does **Kerno** sell or disclose personal information to third parties. We appreciate your interest in **Kerno's** products and we look forward to doing business with you.

Company Name: _____

Address/City/State/Zip: _____

Main Phone: () _____ **Main Fax: ()** _____ **E-mail address:** _____

Please list suppliers with whom you have been buying on open account for no less than six months. Four are required for processing. Please include fax and account numbers.

Name: _____ Name: _____

Acct#: _____ Acct#: _____

Street: _____ Street: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Phone: () _____ Fax: () _____

Email address: _____ Email address: _____

Name: _____ Name: _____

Acct#: _____ Acct#: _____

Street: _____ Street: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Phone: () _____ Fax: () _____

Email address: _____ Email address: _____

Please Note: Invoices are faxed or emailed to the number / address provided above within 24 hours of shipment. We can mail invoices upon request.

Company acknowledges and agrees that **Kerno's** payment terms are "Net 30 days from date of invoice." Company also acknowledges responsibility for any and all collection fees, interest, attorneys' fees, or other additional charges incurred due to collection action(s).

Please fax completed form to our Accounting Department at 844-6058198

Signature: _____ **Date:** _____

Print Name: _____ **Title:** _____