

# CREDIT APPLICATION

K.R. Anderson Inc.  
18330 Sutter Blvd.  
Morgan Hill, CA 95037  
Tel. (408) 825-1800  
Attn: Credit Division

For fast credit approval  
Please fax this form to:  
(408) 778-7202

Company Name \_\_\_\_\_ Type of Business \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address \_\_\_\_\_

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

Type of Ownership: Corporation Partnership Sole proprietor Years in business: \_\_\_\_\_

Government Non-Profit Sales Tax Exempt? Yes No

(If yes, please include resale card with application)

Parent company names (If different than above): \_\_\_\_\_

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

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

## Bank References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Contact: \_\_\_\_\_

## Open Accounts References

1. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. \_\_\_\_\_  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Inter Office Use Only

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_