

Kelsan Inc

Knoxville – Nashville – Tri-Cities – Chattanooga – Charlotte

5109 National Dr Knoxville, TN 37914

865-525-7132 or 800-467-7111 Fax 865-824-9749

www.kelsan.biz

New Customer Application

SECTION I

Date _____ TM Name/ TM Number _____

Applicant Name _____

Billing Address _____

Shipping Address _____

Phone Number _____ Fax Number _____

AP Contact _____ E-mail _____

Buyer Name/Title _____ E-mail _____

Buyer Address _____

Buyer Phone Number _____ Fax Number _____

SECTION II

Entity Type: Corporation Franchisee Member of Chain
 Partnership Wholesale Janitorial/Cleaning Service
 Retail Hotel Sole Proprietorship
 Non-profit Church Limited Liability Comp Other

Date Established _____

For Franchisee or Member of a Chain, please provide the following:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Web Site _____

For Corporation or Limited Liability Comp. please provide Corporate Officers/Members:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

For Partnership or Sole Proprietor please provide General Partners or Individual:

Name _____ Name _____

Home Address _____ Home Address _____

City _____ St _____ Zip _____ City _____ St _____ Zip _____

Home Phone _____ Cell _____ Home Phone _____ Cell _____

E-mail _____ E-mail _____

Social Security # _____ Social Security # _____

SECTION III

Trade References:

Company _____ Phone Number _____

Company _____ Phone Number _____

Company _____ Phone Number _____

Bank Reference _____ Phone Number _____

SECTION IV

Anticipated Monthly Purchases _____ Interested in On-line Ordering? Yes No

Terms Requested ___COD ___Credit Card ___ Net 15 ___ Net 30 ___ Other_____

If requesting extended terms provide contact information for Controller/AP:

Name _____ Phone number _____

Credit Card # and Exp Date _____ Name on Card _____

Fax Number or E-mail address for Invoices _____

Purchase Order Required? Yes No Back Order Allowed? Yes No

Priced Delivery Ticket? Yes No Substitutions Allowed? Yes No

Sales Tax Exempt? Yes No (If Yes, copy of certificate must be submitted)

Special Instructions _____

Any time or days deliveries cannot be made? _____

TERMS AND CONDITIONS

Applicant hereby affirms that the information provided on this credit application is true and complete to the best of their knowledge and applicant authorizes Kelsan to contact and verify all references.

Any falsified information may result in rescinding of credit. Applicant agrees to pay all invoices in full according to the credit term provided. Applicant agrees that Kelsan shall charge a late charge of 5% on all delinquent balances. In the event of default, applicant agrees to pay collection costs up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name _____ (must appear in Sec II) Date _____

Signature _____ Title _____

CONTINUING PERSONAL GUARANTY

In consideration of Seller's agreement to extend credit to Applicant, as identified in Section I of this credit application, the undersigned individual(s) personally guarantee to Seller the payment of any and all current and/or future obligations owed by Applicant to Seller, any sums which may be advanced under application, or any other extension by Seller to Applicant. Applicant further agrees to that in the event of default, Seller shall charge and Applicant agrees to pay collection fees up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name _____

Signature _____ Date _____

Social Security Number _____

Address _____

Name _____

Signature _____ Date _____

Social Security Number _____

Address _____