



**KENA™ INDUSTRIES, INC.
DISTRIBUTOR CREDIT APPLICATION**

Firm Name: _____ Today's Date: _____

Billing Address: _____ City _____ State _____ Zip _____

Delivery Address: _____ City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____

Is Above a Branch? _____. If YES, please list headquarters Name, address, telephone no. and accounts payable contact below: _____

Is the above business a (circle): SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, FRANCHISE, LIMITED LIABILITY CORPORATION.

List Company owners (officers if corporation):

Name: _____ Title: _____ Soc. Sec. No. _____

Name: _____ Title: _____ Soc. Sec. No. _____

Name: _____ Title: _____ Soc. Sec. No. _____

MONTH & YEAR This Business Started: _____

BANK REFERENCES:

Name: _____ Telephone No. _____

City: _____ State: _____ Zip: _____ Acct.No. _____

Contact: _____

CREDIT REFERENCES:

Name: _____ Name: _____

City: _____ City: _____

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

Name: _____ Name: _____

City: _____ City: _____

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

The following information is mandatory in order to be considered for credit:

Being an owner or officer of the Company applying for credit above, I do hereby agree to abide by Kena Industries, Inc.'s Terms and conditions of sale as stated in their most current distributor price sheet at the time a purchase is transacted. I further agree to pay all cost of collection including attorney fees, collection fees, and contingency fees to collection agencies in the event of default. I hereby state that a fax copy of my signature will be as good as an original on this credit application.

Signature(must be signed by an owner or officer): _____ Date signed: _____.

For KENA Industries, Inc's use ONLY:

Credit Approved by: _____ Date: _____

Return completed credit application to: KENA Industries, Inc., P.O. Box 30037, Clarksville, TN 37040