

THE WALKER COMPANY
P.O. BOX 308
MOUNT STERLING, KY 40353
TELEPHONE: (859) 498-0092 / FAX: (859) 498-0093
EMAIL: mmartin@thewalkercompany.com



BUSINESS CREDIT APPLICATION

NAME/ADDRESS

Business Name:		Contact Name:	
Telephone # : ()		Fax # : ()	
Mailing Address:			
P.O. Box/Street	City	State	Zip Code
Physical Address:			
P.O. Box/Street	City	State	Zip Code
Email Address:			

COMPANY INFORMATION

Nature of Business:			
Please Check: Corporation "C" _____, "S" _____, OTHER _____, PARTNERSHIP _____, PROPRIETORSHIP _____			
Sales Tax Exempt? Y _____ N _____ If yes, please attach a tax exempt certificate to this application.			
Parent Company :			
Address / Phone # :			
Complete the following information for all officers, partners, proprietor, and LLC managers & members:			
Name	Title	Address	Telephone
Name	Title	Address	Telephone
Name	Title	Address	Telephone
Name	Title	Address	Telephone

CREDIT REFERENCES

Bank :	
Name	Address
Officer to Contact :	
Name	Address

TRADE REFERENCES

Name	Address	Telephone
Name	Address	Telephone

TERMS & CONDITIONS:

The applicant agrees to pay the account balance in full 30 days from the date of invoice. Past due account balances are subject to a 1.5% service charge. Accounts determined to be delinquent by the creditor are subject to termination of credit. The customer agrees to pay all collection costs incurred by the creditor including attorney fees for services rendered by suit or otherwise.

The above information is submitted in order to establish a credit account. The applicant's signature authorizes the above named credit references to furnish credit information and affirms that the applicant is in agreement with the terms and conditions established by the creditor.

Signature	Title	Date
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