

COMPANY INFORMATION			
Company Name		Phone	
Bill to Address		Ship to Address	
Street		Street	
City	State	City	State
Zip	Country	Zip	Country

PAYMENT CONTACT	
Name	Title
Email	Phone

SALES ORDER / PURCHASING CONTACT	
Name	Title
Email	Phone

COMPANY INFORMATION	
Business Type (Check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____	
Nature of Business	Distributor (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Exempt (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Fed ID and/or Business # (Must provide exemption certificate if tax exempt)

OFFICERS / OWNERS / PARTNERS	
Name	Title
Email	Phone
Name	Title
Email	Phone

INVOICE & PAYMENT HANDLING	
How do you want your invoices delivered? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Portal	Invoice email (if applicable)
Store stamp or other validation required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portal URL (if applicable)
PO required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Portal login info (if applicable)

COMPANY INFORMATION	
Company Name	Phone

TRADE REFERENCES	
Name	Phone
Address	Email
Name	Phone
Address	Email

INTERNATIONAL CUSTOMERS ONLY

FREIGHT FORWARDER OFFICE (NOT THE SHIP-TO ADDRESS)

Company Name		Phone
Address		
Contact Name	Contact Phone #	Secondary Phone #
Contact Email Address		

FREIGHT FORWARDER SHIP-TO ADDRESS

Address		
Contact Name	Contact Phone #	Secondary Phone #
Contact Email Address		

The undersigned purchaser agrees: 1. That all amounts due for goods and services purchased from seller shall be payable at seller's designated address; 2. To honor and satisfy all payment terms and charges applying to seller's credit purchases; 3. In the event the account becomes delinquent and is turned over for collection, to pay all collections costs, including reasonable attorney's fees, court costs, repossession fees and/or agency fees together with interest thereon at the maximum amount allowed by law; 4. Hereby certifies that all information contained herein is true and correct.

SIGNATURE

Printed Name	Title
Signature	Date

Email completed form to: AR@KascoCorp.com

OFFICE USE ONLY

Sales Rep #	Requested Monthly Credit	Market ID	Division
			<input type="checkbox"/> 01-MDS <input type="checkbox"/> 03-DOM <input type="checkbox"/> 04-INTL <input type="checkbox"/> 15-WOOD