



22889 Lockness Ave., Torrance, CA 90501 Tel: 310-217-1088 Fax: 310-217-1048

CREDIT APPLICATION

Amount of Credit Requested:\$		Date Credit Requested:					
Business Name:		Phone:					
Email:		Website:			Fax:		
Address:		Number of yea			urs at this address:		
	(Street)						
	(City)	(State/Provinc	ce) (Zip/Post	al Code)			
Shi	pping Address:	(01)	(0) 1 (0)	(7) (8) (10)			
	(Street)	(City)	(State/Province)	(Zip/Postal Code)			
Doi	ing Business As:	from huginosa nama)	Federal T	ax ID Number:			
		from business name)					
Type of Business:		Date Established:					
No.	of Employees:						
0w	nership: 🗆 Sole Owner	☐ Partnership	\Box Corporation	□ Other			
Pri	ncipal:			41.			
	(Name)	(Titl	le)	(Home Address)			
Principal: (Name)		(Titl	le)	(Home Address)			
TD	ADE REFERENCES:	,	,	,			
I D/	ADE REFERENCES.						
1.	Name:				Phone #:		
	Address:				Fax #:		
	Account #:				Contact Name:		
2.	Name:				Phone #:		
	Address:				Fax #:		
	Account #:				Contact Name:		
3.	Name:				Phone #:		
	Address:				<u>Fax</u> #:		
	Account #:				Contact Name:		

Bar	nk References: Checking	\square Savings	☐ Loan	
1.	Name of Bank:			Phone #:
	Address:			Fax:
	Account #:			Contact:
on	plicant agrees to pay collection cos the unpaid balance, as allowed by e undersigned, as an inducement to	state or local law and any r	easonable attorn	ey's fees incurred.
	(Name - Please Print)	(Title)		(Signature)
	(Name - Please Print)	(Title)		(Signature)
		KENNY PRODUCTS CREDI	T DEPARTMENT U	SE ONLY
Dat	te Line of Credit Approved:			Line of Credit Granted:
Dat	te Line of Credit Denied:			
Coi	mments:			

KENNY PRODUCTS

22889 Lockness Ave., Torrance, CA 90501 Tel: 310-217-1088 Fax: 310-217-1048 email: sales@kennyproducts.com website: www.KennyProducts.com