

Kanebridge Corporation Credit Application

Company Name: _____
Address: _____
P.O. Box: _____
City: _____ State: _____ Zip: _____
SIC Code: _____
Phone #: _____ Fax #: _____
E-Mail Address: _____
4-Digit Pin Code: _____ *(Please choose a 4 digit pin code number so that we may register you for access to our website www.kanebridge.com)*
Owner's Name(s): _____
Buyer's Name(s): _____
Primary Business: _____
Date Established: ____ / ____ / ____

(Please fax a copy of your resale certificate with this application. This is required to process your account .)

How did you hear about Kanebridge? (Please check one)

1. Referred by: (Company Name) _____
2. Transferred from another company
3. Internet
4. Trade Show
5. Outside Sales Call
6. Other

Please forward this form to:
Kanebridge Corporation Sales Dept.
153 Bauer Drive
Oakland, NJ 07436-3150
Fax: (201) 644-2221
E-mail: sales@kanebridge.com

Thank you for your interest in Kanebridge Corporation. You will receive a faxed confirmation as soon as your account is opened. In the meantime, please feel free to contact us at **800-222-9221** if we can be of service to you.

Best Regards,

Ashleigh Jennings

201-337-3200 x 4101