

# KRESS & OWEN COMPANY

**Glyco-Thymoline**

P.O. BOX 434 AVONDALE ESTATES, GEORGIA 30002-0434

## CREDIT APPLICATION

This portion is to be filled out if you are requesting credit with our company. Payment is due 30 days from invoice date. Invoices not paid within 30 days will be subject to a 1½% monthly finance charge (18% annually) with a \$10.00 minimum monthly charge. Overdue accounts will be put on CREDIT HOLD until past due balances are paid. Accounts with two or more invoices paid late will be changed to prepaid accounts.

**Please list references that currently provide you with net terms.**

### Trade References

Name of Company or Vendor \_\_\_\_\_ Acct # \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Terms \_\_\_\_\_

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Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Terms \_\_\_\_\_

Name of Company or Vendor \_\_\_\_\_ Acct # \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
Terms \_\_\_\_\_

Name of Bank \_\_\_\_\_  
Address of Branch \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_

### Terms of Agreement

I authorize that the above information is true and accurate and that the mentioned references have my permission to submit the required information pertaining to my credit history. There is a \$25.00 fee for all returned checks and your business is required to pay prejudgment interest, attorney fees and other costs incurred by Kress & Owen Company, Inc. if legal action is necessary to obtain payment for past due or unpaid invoices and/or other changes.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_

**Thank you for your interest in Glyco-Thymoline.**

PHONE/FAX: 404-298-9959

EMAIL: ADMIN@GLYCO-THYMOLINE.NET