Please Fax or Mail this credit application to:

Martin Kilpatrick
4482 Technology Dr.
Wilson, NC 27896

Phone Number: 1-800-334-8315
Fax Number: 1-252-291-8203

CREDIT APPLICATION

(Application for a 30 day account.)

Business Name:	
Years in Business:	
Address:	
City / State or Province / Zip:	
Country:	
Email Address:	
Phone Number:	
Fax Number:	

Principal Owners	Home Address	City	State/Province	Country	Phone

The following are 3 trade references that we are presently doing business with on account: Please list small companies as many of the larger companies (Prince, Wilson, etc.) do not give out credit information.

Company Name	Address	City	State/Province	Country	Phone

Bank Credit Reference	Address	City	State/Province	Country	Phone

Checking Account Name & No.:

We understand Martin Kilpatrick Table Tennis Company's Terms of Sale are Net 30 Days, unless otherwise indicated on invoice and all past due amounts are subject to an 18% annual interest charge. All Conditions of Sale include a charge to the debtor for any and all expenses incurred in collection of any delinquent amount. These terms and conditions are acceptable and agreed to by the undersigned.

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our bank(s) and supplier(s) to release any information necessary to assist in establishing a line of credit.

Date: Authorized By:

Title: