



KLINGSPOR
The Most Sanding Power for Your Money Since 1893!®

NEW CUSTOMER FORM

Prepaid / Credit Card Terms

Postpaid / Credit Terms (ex: NET30)

PROFILE	COMPANY NAME	
	ONLINE ACCOUNT CONTACT NAME <small>(OPTIONAL)</small>	ONLINE ACCOUNT EMAIL <small>(OPTIONAL)</small>
	BILLING CONTACT NAME	MAIN CONTACT NAME
	BILLING / MAILING ADDRESS	SHIPPING ADDRESS <input type="checkbox"/> CHECK HERE IF BOTH SHIPPING AND BILLING ARE THE SAME
	CITY, STATE, ZIP	CITY, STATE, ZIP
	BILLING EMAIL	BILLING FAX NUMBER <small>(OPTIONAL)</small>
	MAIN CONTACT EMAIL	
	MAIN FAX NUMBER <small>(OPTIONAL)</small>	
COUNTRY	MAIN CONTACT PHONE NUMBER	

COMPLETE THIS SECTION ONLY IF APPLYING FOR POSTPAID CREDIT TERMS

COMPANY IS A CORPORATION PARTNERSHIP PROPRIETORSHIP FED. ID # OR S.S. # _____

CREDIT APPLICATION	PRESIDENT NAME	
	OWNER/CFO NAME	
	ACCOUNTS PAYABLE CONTACT NAME PHONE AND/OR FAX	ACCOUNTS PAYABLE EMAIL
	ABRASIVES PURCHASER CONTACT NAME PHONE AND/OR FAX	ABRASIVES PURCHASER EMAIL
	DATE BUSINESS ESTABLISHED	SIC CODE <small>(OPTIONAL)</small>
	HOW LONG AT PRESENT LOCATION <small>(OPTIONAL)</small>	
	TYPE OF BUSINESS	HOW MANY EMPLOYEES

REFERENCE INFORMATION

CREDIT APPLICATION	TRADE SUPPLIERS NAME	CITY/STATE/ZIP	PHONE, EMAIL OR FAX NUMBER REQUIRED
	1)		
	2)		
	3)		

SALES INFORMATION

TOTAL SALES VOLUME OF YOUR COMPANY	CREDIT LIMIT / TERMS REQUESTED
ESTIMATED VOLUME OF YOUR ABRASIVE NEEDS THIS YEAR	ESTIMATED VOLUME OF YOUR ABRASIVE NEEDS NEXT YEAR

CONFIRM	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT (must be signed by authorized signatory)		
	SIGNED BY		
	PRINTED NAME	TITLE	DATE
	<p>Payment Terms are Net 30 Days • 15 DAYS PAST DUE - Orders are placed on credit hold. • OVER 30 DAYS PAST DUE – The customer receives emails from Klingspor. OVER 60 DAYS PAST DUE – Accounts Receivable will email the customer notifying them that they are in pending collections and they will be responsible for any collection fees incurred. OVER 90 DAYS PAST DUE – Accounts are placed with a Collection Agency and incur a 25% collection fee. Once balance is paid, the account will be placed on Credit Card Terms. Non-Sufficient Funds charge is \$25.00.</p> <p>Payments Accepted: American Express / MasterCard / Visa / Discover</p> <p>SALES TAXES WILL BE CHARGED IN APPROVED STATES. IF TAX EXEMPT, PLEASE ATTACH YOUR EXEMPTION CERTIFICATE.</p>		

PLEASE RETURN THIS FORM COMPLETED AND SIGNED TO YOUR FACTORY SALES REPRESENTATIVE OR SEND A COPY TO:

KLINGSPOR ABRASIVES, INC. P.O. BOX 2367 HICKORY, NC 28603-2367

email: orders@klingspor.com