

Kinetic Research, Inc.
125 East Chapman Road
Lutz, FL 33549
800-919-3668



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Credit Account Application

Business Name: _____ Tax ID: _____

Owner Name: _____ S.S. #: _____

Billing Address: _____

City-ST-Zip: _____

Phone: _____ FAX: _____ Email: _____

Contact Person: _____

Shipping Address: _____

City-ST-Zip: _____

Bank Name: _____ Account #: _____

Bank Address: _____ Account Type: _____

City-ST-Zip: _____

Bank Contact: _____ Phone: _____

Industry References

Name: _____ Phone: _____

Address: _____

City-ST-Zip: _____

Name: _____ Phone: _____

Address: _____

City-ST-Zip: _____

By signing below, you give Kinetic Research Inc. permission to request credit reports from credit reporting agencies to be used in considering this Credit Account Application and subsequently for the purpose of any update, reviewing, extension of credit or collecting on the account. Proprietorships, Partnerships or Corporations including Professional Corporations assume liability for ALL purchases made by any employee, manager, office, employed when the order was placed. Credit terms are net 30 days unless changes are agreed to in writing. I hereby agree to pay interest on overdue accounts of 2% per month and to pay all costs of collection. I hereby certify that the information set forth above, together with all other information submitted in connection with this application, is true and correct.

Please sign here: _____ Date: _____