

Kanebridge Corporation Credit Application

Company Name: _____

Address: _____

P.O. Box: _____

City: _____ State: _____ Zip: _____

SIC Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

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)

Referred by: (Company Name) _____

Transferred from another company

Internet

Trade Show

Outside Sales Call

Other _____

Please forward this form to:

Kanebridge Corporation Sales Dept.

153 Bauer Drive

Oakland, NJ 07436-3150

Fax: (201)337-2301

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 x4101

To help Kanebridge service your account better please take a moment to complete the following:

Freight

1. Which carrier do you prefer for shipments under 450#'s?
UPS or _____
2. Do you prefer to ship collect on your account#? If yes, Please list your
Account # _____ carrier choice _____
3. If shipment is greater than 450#'s, do you have a preferred trucking company?
Yes _____ No _____
If "Yes", please list the preferred carrier to use from each of our locations:
Elgin, Illinois _____
Montebello, California _____
Oakland, New Jersey _____
4. If you prefer Kanebridge to ship "best way", all orders under 450#'s will ship UPS Ground prepaid and add and all orders over 450#'s will ship by our preferred truck carrier freight collect.
5. If your company has any other preferred choices by weight or carrier, please indicate.

www.kanebridge.com

Kanebridge's online customer service system, FasNet®, offers many benefits and conveniences to our distributors. To access, you will need to register a PIN code with Kanebridge. Please provide us with the information below:

1. Buyers name: _____
2. Fax# _____
3. Phone# _____
4. E-mail address _____
5. PIN code: We require all individuals to use a 4 digit number to access their on-line account. Please provide us with the 4 digit number you wish to use.
PIN code: _____

Kanebridge Corporation Credit Information Release Form

Dear Customer,

Due to the passage of the Privacy Act, banking facilities will not release credit information to us without your authorization. To expedite your request for a Kanebridge Line of Credit, please completely fill out this release form and fax it to 201-337-2301 as soon as possible.

Thank you for your cooperation.

Ashleigh Jennings
201-337-3200 x4101

Company Name: _____

Bank: _____

Bank Account Number: _____

Bank Contact: _____

Bank Telephone Number: _____

Bank Fax Number: _____

To Whom It May Concern;

I hereby give you permission to release my credit information on the above account number to Kanebridge Corporation.

Signed: _____

Date: _____

Title: _____