



Kinney Paper & Chemical Co. Inc

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Remit to: brooke@kinneypaper.com

CREDIT APPLICATION

COMPANY NAME: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PURCHASING CONTACT: _____ PHONE: _____ EMAIL: _____

YEARS IN BUSINESS: _____

TAX EXEMPT: CIRCLE YES OR NO

IF YES, PLEASE FILL OUT A ST-105 TAX EXEMPTION FORM AND REMIT TO: brooke@kinneypaper.com

ACCOUNTS PAYABLE CONTACT NAME: _____ PHONE _____ EMAIL _____

BILLING EMAIL ADDRESS: _____

CIRCLE ONE METHOD OF PAYMENT: NET 30, COD, CREDIT CARD

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CREDIT CARD ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

NAME OF BANK: _____ ACCOUNT# _____

CONTACT NAME: _____ TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TRADE REFERENCE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TRADE REFERENCE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

TRADE REFERENCE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____