

J. KOZEL & SON, INC.

CORPORATE HEADQUARTERS
1150 SCOTTSVILLE ROAD, ROCHESTER, NY 14624
PHONE: (585) 436-9807 FAX: (585) 436-3104

MUNICIPALITY CREDIT APPLICATION

DATE: _____ COMPANY NAME: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

PHONE #: (____) _____ FAX: (____) _____ CELL: (____) _____

PAYABLES

BILLING ADDRESS (IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

A/P CONTACT: _____ PHONE NO.: (____) _____ FAX: (____) _____

E-MAIL INVOICES? () YES () NO E-MAIL STATEMENTS? () YES () NO

EMAIL: _____ ARE PURCHASE ORDERS REQUIRED? () YES () NO

ANTICIPATED YEARLY VOLUME WITH US: \$ _____ FEDERAL TAX ID NUMBER: _____

SALES TAX EXEMPTION NUMBER: _____ (PLEASE ATTACH APPLICABLE SALES TAX EXEMPT FORM)

PURCHASING CONTACT

NAME: _____ PHONE #: (____) _____ EMAIL: _____

BANK INFORMATION

BANK NAME: _____ BRANCH: _____ ACCOUNT #: _____

OFFICER: _____ PHONE #: (____) _____ FAX: (____) _____

THE ABOVE COMPANY HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF J. KOZEL & SON, INC. AS SUPPLIED BELOW. THE INFORMATION ABOVE IS SUPPLIED FOR THE CONSIDERATION OF CREDIT AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

TERMS OF SALE

1. DISCOUNT TERMS, WHERE THEY APPLY, ARE BASED ON THE PRODUCT LINE PURCHASED AND PROMPT PAYMENT AS ITEMIZED ON THE INDIVIDUAL INVOICES OR AS NEGOTIATED AND SHOWN ON CONTRACTS.
2. ALL PAYMENTS (UNLESS OTHERWISE NOTED BY SIGNED AGREEMENTS) ARE TO BE MADE WITHIN 30 DAYS OF ORIGINAL INVOICE DATE.
3. INVOICES THAT ARE 30 DAYS PAST THE ORIGINAL INVOICE DATE WILL BE ASSESSED A FINANCE CHARGE AT THE RATE OF 1.5% PER MONTH WITH A MINIMUM CHARGE OF \$.50.
4. ACCOUNTS PAST DUE ARE SUBJECT TO CREDIT HOLD.
5. CREDIT CARDS ARE ONLY ACCEPTED AT TIME OF SALE. ALL OTHER PAYMENTS MUST BE MADE BY CASH OR CHECK.

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS SET FORTH ABOVE AND AGREE TO ABIDE BY THEM.

DATE: _____ SIGNATURE: _____

TITLE: _____ PRINTED NAME: _____

NOTE: ALL PURCHASES WILL BE ON A COD BASIS UNTIL THIS QUESTIONNAIRE HAS BEEN RECEIVED.

Revised: 3/3/2017



1150 SCOTTSVILLE ROAD
ROCHESTER, NY 14624
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FAX: (585) 436-3104

406 STATE ROUTE 104
ONTARIO, NY 14519
PH: (585) 216-9334
FAX: (585) 216-9534



3857 WALDEN AVENUE
LANCASTER, NY 14086
PH: (716) 685-1556
FAX: (716) 685-2864

48 FACTORY HILL ROAD
HOOSICK FALLS, NY 12090
PH: (518) 686-7426
FAX: (518) 686-1725

