



Dear Valued Customer,

The following is an application for credit with Kennedy-Hahn Inc. All lines of credit have terms of Net 30 days.

Please provide all of the information requested. Many of the fields are marked “required”. Please take special notice to these areas. Failure to complete the application in full will be cause for your application to be returned to you. This will cause a delay in the processing of your request for a line of credit.

Keep in mind, your application can only be approved as quickly as your bank and trade references respond to our request. Please allow a *minimum* of 7 to 10 business days for this process.

Thank you for your interest in Kennedy-Hahn and we look forward to providing your entire appliance needs.

Sincerely,

Debbie Frank
Kennedy-Hahn Inc.
Credit Manager

Kennedy-Hahn Inc.

12121 W. Feerick St • Wauwatosa • WI • 53222
Phone 414-727-7878 • Fax 414-727-6630
Toll Free Phone: 1-866-838-6666

Contract Credit Application

In order to expedite this application process; please fill out all information completely **(including addresses, zip codes, phone and fax numbers and account numbers)**. **Incomplete credit applications will be returned.**

Name: _____
(Insert entire name of entity that shall be legally liable for payment of invoices)

Street Address: _____ P.O. Box _____

City: _____ County _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number _____

Form of Business:

Individual/Sole Proprietorship _____ Partnership _____ Limited Liability Company (LLC) _____ Corporation _____

Federal ID Number _____ **(REQUIRED)**

Please provide the names and address of all owners, general partners, corporate officers or members of the LLC, whichever is appropriate for your form of business. Please attach an additional sheet if necessary.

Name	Address	Title
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Name	Address	Title
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Name	Address	Title
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FOR LIMITED LIABILITY COMPANIES ONLY: Please indicate which members have the authority to enter in contracts on behalf of the LLC.

Name	Address	Title
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FOR CORPORATIONS ONLY: Please provide the name and address of the corporation's registered agent.

Name	Address	Title
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FOR ALL ENTITIES: Please provide the name of the person responsible for accounts payable within your organization.

Name	Phone number
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Please indicate the number of years that your organization has been in business: _____

BANK REFERENCE

NAME () PHONE NUMBER (REQUIRED)

ADDRESS ZIP CODE () FAX NUMBER (REQUIRED)

Account Number (REQUIRED) Type of Account

Account Number (REQUIRED) Type of Account

This is a request for an open account. The undersigned has submitted an Application for credit on an open account with Kennedy-Hahn, Inc. In so doing the undersigned has named your organization as a Bank Reference and or Trade Reference. You are hereby authorized (both now and in the future to disclose such information as requested by Kennedy-Hahn, Inc. and/or any one of its agents concerning the undersigned's financial condition. The information to be released shall include, but shall not be limited to, the undersigned's account balances, credit history and outstanding obligations. In addition the undersigned hereby acknowledges that all invoices must be paid within thirty (30) days of invoice date. Interest shall accrue at the rate of 18% per annum on all invoices, which are thirty (30) days past due. In event account is placed for collection, the undersigned customer agrees to pay collection, attorney fees of 25% of the amount owed. Customer agrees to jurisdiction, and venue, at the circuit court of Milwaukee County, Wisconsin, at the option of Kennedy Hahn, Inc., for any action to collect delinquent balance due. In the event that this account is tax exempt, the undersigned must provide the appropriate Certificate of Exemption/Resale Certificate along with this Application.

For the purpose of obtaining the credit described above (and any future credit granted to the undersigned by Kennedy-Hahn, Inc) the undersigned represents that above statements are true and accurate. The undersigned also authorizes Kennedy-Hahn, Inc. to verify the above statements and obtain additional information concerning the undersigned's credit standing and furnish the same to others.

PERSONAL GUARANTY

In consideration of creditor extending credit to customer, the undersigned personally and individually guarantee unconditionally full and prompt payment of past, present and future obligations and terms due creditor from customer, hereby waiving notice of acceptance of this guaranty, notice of sales of goods and/ or labor provided customer by creditor notice of default or change or extension of credit terms. The terms of this credit account and personal guaranty apply to customer and to any successor in interest (corporate or non-corporate) to customer's business; no change in organizational status shall be binding upon Kennedy-Hahn, Inc. unless written notice thereof is mailed by customer, registered mail, return receipt required, to: Kennedy-Hahn, Inc. Credit Manager, 12121 W. Feerick St. Wauwatosa, WI 53222. The undersigned consent to any extension of time for payment and assert that this is a continuing guaranty of payment to creditor until revoked in writing. ALL PARTNERS OR OFFICERS OF CUSTOMER SHOULD SIGN AND BE BOUND PERSONALLY:

AMOUNT OF CREDIT REQUESTED \$ _____ (DOLLAR AMOUNT IS REQUIRED)

Date this _____ day of _____, 20 _____

Applicant-Please Print or Type

Applicant's Signature (REQUIRED)

FOR OFFICE USE ONLY: APPROVED _____ DATE _____

TRADE REFERENCES

Please fill out all information completely(including addresses, zip, codes and account number).

Fax numbers are required. Please do not include Menards, Home Depot or American TV as a trade reference as they do not respond to our request. Incomplete credit applications will be returned. .

(1) _____

NAME

ADDRESS

ZIP CODE

() _____

PHONE NUMBER

() _____
FAX NUMBER (REQUIRED)

ACCOUNT NUMBER

(2) _____

NAME

ADDRESS

ZIP CODE

() _____

PHONE NUMBER

() _____
FAX NUMBER (REQUIRED)

ACCOUNT NUMBER

(3) _____

NAME

ADDRESS

ZIP CODE

() _____

PHONE NUMBER

() _____
FAX NUMBER (REQUIRED)

ACCOUNT NUMBER

(4) _____

NAME

ADDRESS

ZIP CODE

() _____

PHONE NUMBER

() _____
FAX NUMBER (REQUIRED)

ACCOUNT NUMBER