



3070 Wilson Avenue
Leavenworth, Kansas 66048

CREDIT APPLICATION

COMPANY INFORMATION

Full Legal Name:		
Billing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Number of years in Business?	Under the same ownership?	
Type of Business: _____ Corporation _____ Partnership _____ Sole Proprietorship		
Annual Revenue \$:	Number of Employees:	
Taxable (Y/N): _____ If NO, please send exemption certificate.		
Accounts Payable Contact:	Phone Number:	
Website:		

CREDIT INFORMATION

Bank Reference	
Name:	Phone Number:
Address:	Account Number:
Trade References	
Name:	Phone Number:
Address:	Fax Number
Name:	Phone Number:
Address:	Fax Number:
Name:	Phone Number:
Address:	Fax Number:



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OWNER/OFFICER INFORMATION

Principal's Name & Title:
Principal's Name & Title:
Principal's Name & Title:

The undersigned authorizes and instructs the above bank and trade references to release information it may have in any response to inquiry from Henke Manufacturing Corporation or its nominees. The undersigned further states that the above statements are true and complete.

Name: _____ Title: _____

Authorized Signature: _____ Date: _____

Henke Manufacturing Corporation requires written purchase orders to execute orders.

Please fax back to Mary Gould at (913) 682-0300. If you have any questions, please call Mary Gould at (913) 682-9000 ext. 209. Thank you.