



Clarion
Indiana
Kittanning
Punxsutawney
Ridgway
Zelienople

Credit Account Application
J.J. KENNEDY, INC.
P.O. Box 69
Zelienople, PA 16063
Phone: 866-699-3835 Fax: 724-452-8923

Date: _____

Company Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Business Type: Corporation In State Of _____ Type of Corporation _____ Sole Proprietorship _____ Partnership _____

Number of Years in Business _____ EIN# _____ OR Social Security # _____

Name and Address of all Owners, Officers, Individuals or Partners:
(Attach additional page if needed)

Bank Account Information Including Branch Office and Account Number:

Trade References: Company Name, Address, Contact, Phone Number and Fax Number:
(Please list 3 or more references)

The above information is herewith submitted for the purpose of opening
an account and I do hereby certify this information to be true.
I acknowledge that credit privileges may be withdrawn at any time.

Signed: _____

Title: _____ Date: _____

Office Use Only

Notes: _____

Date Account Opened: _____ Credit Limit: _____

Salesperson: _____