

**Kennedy Wire Rope & Sling Co. Inc.**  
P.O. Box 4016  
Corpus Christi, TX 78469  
Phone: 361-289-1444 Fax: 361-289-0962  
Toll Free: 800-289-1445

Salesman \_\_\_\_\_

**Company Name:**  
**Bill To:**

**Physical Address:**

**Ship To:**

**A/P Contact:**

**A/P Phone:**

**Fax#:**

**A/P Email Address:**

**Tax Id#:**

[ Do you pay sales tax? YES NO VARIES ] \*\* If you do not, please provide an exemption certificate or resale form. \*\*

\*\*If varied please send exemption certificate or resale form for the invoice that you are not paying tax on.\*\*

[ Do you use purchase orders? YES NO ]

### REFERENCES

Bank Reference: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Trade Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Phone# \_\_\_\_\_ Fax# \_\_\_\_\_



Signature of Authorized Agent \_\_\_\_\_ Date: \_\_\_\_\_  
This signature authorizes release of financial information to Kennedy Wire Rope & Sling and attests financial responsibility of all incurred invoices. Any invoices not paid within thirty (30) days as heretofore mentioned, may accrue 1 ½% finance charge. The Applicant also takes financial responsibility for any reasonable fees incurred from an Attorney and/or Collection Agency.

Thank you for your interest in Kennedy Wire Rope & Sling