

**Application for Credit with Independent Salt Company**  
 (Fax Numbers are needed for the approval process) ←  
 (Approval process can take up to 60 days dependent upon reference response time) ←

Your Company (or name): \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City St Zip

Mailing Address: \_\_\_\_\_  
Street City St Zip

Contact Person: \_\_\_\_\_

Telephone ( ) Fax ( ) Email

Type of Entity  Corporation  Partnership / LLC  Sole Proprietorship

Number of Years in Business: \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_

Owners and Officers:

Name \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City St Zip

Name \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City St Zip

Name \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City St Zip

Parent Company?  YES  NO

**If YES:**

**Parent Company:** \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City St Zip

Mailing Address: \_\_\_\_\_  
Street City St Zip

Contact Person: \_\_\_\_\_

Telephone ( ) Fax ( ) Email

Fed Tax ID #: \_\_\_\_\_

Owners and Officers:

Name \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City St Zip

Name \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City St Zip

Name \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City St Zip

Sales Tax Exempt? Y/N If yes, please include **Exempt Form**

**Bank Reference:**

Name of Bank: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City St Zip

Contact Person: \_\_\_\_\_

Telephone ( ) Fax ( ) Email

**Trade References:**

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City St Zip

Contact Person: \_\_\_\_\_ Length of Credit History: \_\_\_\_\_

Telephone ( ) Fax ( ) Email

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City St Zip

Contact Person: \_\_\_\_\_ Length of Credit History: \_\_\_\_\_

Telephone ( ) Fax ( ) Email

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City St Zip

Contact Person: \_\_\_\_\_ Length of Credit History: \_\_\_\_\_

Telephone ( ) Fax ( ) Email

**Terms & Conditions**

By signing this agreement, the applicant hereby acknowledges that all charges incurred after the establishment of an open account shall be considered due and payable in full 30 days from the date of the invoice. The applicant authorizes Independent Salt Company (ISC) to perform any credit investigation deemed necessary. The applicant hereby consents to abide by all terms and conditions set forth. This includes payment of interest charges on any invoice in excess of 30 days. Purchases on credit are permitted at the sole discretion of ISC, and this credit availability may be terminated at the sole discretion of ISC.

**(Fax Numbers are needed for the approval process)**

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Please return to PO Box 36, Kanopolis KS 67454, or fax to 785-472-5196

Email: scopp@indsalt.com

Bank Information Release Form  
**BANK AUTHORIZATION**

Company: \_\_\_\_\_

Tel #: \_\_\_\_\_

To Whom It May Concern:

This is to certify that

\_\_\_\_\_ (bank name)  
is authorized to release information concerning the accounts listed below to **Independent Salt  
Company**

Account # \_\_\_\_\_

Account # \_\_\_\_\_

Please forward the information requested by **Independent Salt Co.** to:

**CREDIT DEPARTMENT**

1126 20th Road  
P.O. Box 36  
Kanopolis, KS 67454-0036  
Phone: (785) 472-4421  
**Fax: (785) 472-5196**

Authorized Signature:

Date:

\_\_\_\_\_

Title:

\_\_\_\_\_