

KOTLYN, INC. NEW CLIENT DATA SHEET

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE ANY SALES OR SERVICES ARE PROVIDED BY KOTLYN, INC.

NAME: _____

BILLING
ADDRESS: _____

PHONE: _____ FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

FEDERAL TAX I.D. NO.: _____

BANK INFORMATION:

NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

ACCOUNT NUMBER: _____

TRADE REFERENCES:

COMPANY	ADDRESS	PHONE	FAX
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1. _____

2. _____

3. _____

**AUTHORIZED SIGNATURE BELOW AGREES TO THE FOLLOWING CREDIT TERMS.
KOTLYN, INC. TERMS: LABOR NET 15 DAYS / MATERIALS NET 30 DAYS**

AUTHORIZED SIGNATURE _____ DATE _____

KOTLYN, INC.

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sales@Kotlyn.com