



CREDIT APPLICATION

EMAIL TO: ACCOUNTS.RECEIVABLE@KKINTERIORS.COM

FAX TO: 419.627.1901

APPLYING FOR:

NET TERMS

PROMO TERMS

1. COMPANY INFORMATION

| | | | | |
|---------------------------------|------------------|--------------|-------------------|----------|
| Full Legal Name/Business Entity | | Phone Number | Fax Number | |
| Doing Business As (DBA) | | | | |
| Billing Address | | City | State | Zip Code |
| Company Type (Check One) | Proprietorship | Partnership | Corporation | Other |
| Annual Sales | Type of Business | | | |
| Email Address | Website Address | | Years in Business | |

2. OWNER INFORMATION

| | | | | |
|--------------------------------------|------|-------|----------|--|
| Full Name (Including Middle Initial) | | Title | | |
| Home Address | City | State | Zip Code | |

3. BANK REFERENCE (CHECKING)

| | | | | |
|-----------|----------------|---------|----------|--|
| Bank Name | Account Number | Contact | | |
| Address | City | State | Zip Code | |

4. TRADE REFERENCES (Minimum of 3 Active References) OR Check Here to Attach Reference Sheet

| | | | | |
|--------------|----------------|-------|----------|--|
| Company Name | Account Number | Phone | Fax | |
| Address | City | State | Zip Code | |
| Company Name | Account Number | Phone | Fax | |
| Address | City | State | Zip Code | |
| Company Name | Account Number | Phone | Fax | |
| Address | City | State | Zip Code | |
| Company Name | Account Number | Phone | Fax | |
| Address | City | State | Zip Code | |
| Company Name | Account Number | Phone | Fax | |
| Address | City | State | Zip Code | |

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We Agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be at the sole discretion of the Creditor. By signing below I acknowledge I have read and understand all ordering requirements and terms.

Authorized Signature & Title

Date

Printed Name