

## General Business Information

Business Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_

A/P Contact Phone: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Business (circle one): Corporation LLC  
Sole Propriety Other \_\_\_\_\_

How Long has Applicant Been in Business: \_\_\_\_\_

How Long has Applicant Been at Present Location: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_

Officer's Name & Title: \_\_\_\_\_

Officer's Name & Title: \_\_\_\_\_

Officer's Name & Title: \_\_\_\_\_

## Bank Reference

Bank Name \_\_\_\_\_ Officer Handling Account: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Business Credit References

References should be locally based businesses with which you have already established and have active credit. Lawyers, doctors, bankers and landlords are not considered references. Office supply stores, delivery companies, product suppliers, etc. are considered suitable references.

1. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant certifies that the above information is true and correct. Applicant also represents and agrees (1) that the merchandise to be purchased and the credit requested are solely for business purposes, (2) that invoices are net and due 30 days from invoice date, (3) that any invoiced amounts not paid within 30 days after the due date shall bear interest of 1.5% per month from the date due until paid, (4) to pay any and all costs of collection including reasonable attorney fees incurred by K&M Imports in collecting any overdue account, (5) that you are authorizing K&M Imports to contact the above references as well as any credit reporting services or other sources in determining whether to extend credit to applicant and to report information regarding applicant's account.

Return Completed Application to:  
**K&M Imports, Inc** Att'n: Credit Manager  
1718 Kennedy Point, #1000 Oviedo, FL 32765  
Phone: 800-766-0480 **Fax: 407-366-5979**

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

K&M Imports Use Credit Approved: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_