

General Business Information

Business Name _____

Billing Address: _____

City: _____ State: _____ Zip: _____

A/P Contact Name: _____

A/P Contact Phone: _____

Phone Number: _____

Fax Number: _____

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: _____