

KSI Auto Parts CUSTOMER APPLICATION FORM

Business Type:	Individual/Sole proprietor	C Corporation	S Cor	poration	Partnership	LLC/LLP
Legal Business Name:				Federal Tax ID No:		
Business Address:						
Business Phone:			Fax Number:			
Owner Name:			Year in Business:			
Accounts Payable Contact:			Phone:			
Sales Tax Exempt:	Yes No Tax Ex	empt#	E-Mail:		(if ves. attach the cu	rrent exemption certificate)
oured rain Enempti						
Payment Term: Net 14 Days Net 30 Day						
rayment ferm.	COD Credit Ca	ard		_	ill out the bank & t	radet references below)
Bank References						
			References			
Bank Name:		Account#			Contact Name:	
Address:						
Phone No:		Fax:				
Business / Trade References						
Name:		Contact Name:			Phone:	
Address:					Fax:	
Name:		Contact Name:			Phone:	
Address:					Fax:	
Corporate Guarantee I hereby authorize KSI Trading Corporation Inc. to verify my reference and to contact Credit Reporting Agency/Bank for purposes of obtaining credit. I do hereby						
certify that the information provided herein is true and accurate and it is understood that the creditor will rely thereon. It is agreed that in the event that this or any account of the applicant is not paid according to its terms, the applicant will be additionally liable for all collection agency fees and all costs incurred but not limited to, attorney fees, interest of the highest amount permitted by law and costs and disbursements if collection procedures are required.						
Date:	Signature:			Title:		
Personal Guarantee To induce creditor to grant the above named company (the applicant), I (We) do hereby personally guarantee the payment of any and all accounts of the applicant with respect to the purchase of goods and services, in the event that the applicant fails to pay said account(s), it is agreed that the applicant will be liable for all collection agency fees and all costs incurred in collection include, but not limited to, attorney fees, interest of the highest amount permitted by law and costs and disbursements of collections.						
Date:	Signature:			Title:		