

KSI TRADING CORP  
AND ALL KS GROUP STORES  
(Herein after referred to as KSI)

**APPLICATION FOR CREDIT**

(Please fill out **ALL** Information)

**5499 NW 145TH ST SUITE#111**

**Opa-Locka, FL 33054**

**Phone # 800-566-0800**

**Fax # 305-885-0780**

**Attn:**

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

Applicant (Your Name) \_\_\_\_\_

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

Address: \_\_\_\_\_ Suite: \_\_\_\_\_ Floor: \_\_\_\_\_

Other Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_\_) \_\_\_\_\_

Contact (1): \_\_\_\_\_ Contact (2): \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Phone:(\_\_\_\_\_) \_\_\_\_\_

Best time to call [Account Payable contact]: \_\_\_\_\_ Address: \_\_\_\_\_

Type Of Entity  Corporation  Partnership  Sole Proprietor

How Long In Business: \_\_\_\_\_ New Business Check Here  Credit limit request \_\_\_\_\_

Is Store part of chain? If yes, what Chain? \_\_\_\_\_  Franchise  Company Owned

**Principal Owners/ Officers:**

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

Social Security #: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Social Security # : \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Bank References:**

Name Of Bank : \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

Checking Account# \_\_\_\_\_

Tel# \_\_\_\_\_ Fax# \_\_\_\_\_

**Trade Reference (please list all 3 References)**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account# \_\_\_\_\_

Phone Number :(\_\_\_\_\_) \_\_\_\_\_ Fax Number :(\_\_\_\_\_) \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account# \_\_\_\_\_

Phone Number :(\_\_\_\_\_) \_\_\_\_\_ Fax: Number (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account# \_\_\_\_\_

Phone Number :(\_\_\_\_\_) \_\_\_\_\_ Fax Number :(\_\_\_\_\_) \_\_\_\_\_

**Corporate Guarantee**

**I hereby Authorized KSI Trading Corporation Inc. to verify my reference and to contact Credit Reporting Agency 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. If is agrees that in the event that this or any account of the applicant is not paid according to it's terms, the applicant will be additionally liable for all collection agency fees and all cost incurred in collection included, but not limited to attorney fees, interest of the highest amount permitted by law and cost and disbursement 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 good and service 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 cost incurred in collection include, but not limited to, attorney fees, interest of the highest amount permitted by law and cost and disbursements of collections.**

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

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

For office used only: Account#Assigned: \_\_\_\_\_ SalesPerson: \_\_\_\_\_ Territory: \_\_\_\_\_