



Confidential Business Credit Application

Contact Information

Account Name : _____

Billing Address: _____
Company Name: _____
D.B.A./Trade Name: _____
Street (No PO's): _____
City/State/Zip: _____
Telephone: _____
Fax: _____
Contact: _____

Ship To Address: _____
Company Name: _____
Street: _____
City/State/Zip: _____
Telephone: _____
Contact: _____
Other: _____

Requesting \$ _____ Credit Line
Type of Account Applying For: ___ Net Terms* ___ COD ___ Credit Card
*Must be accompanied by current financial statement

Legal Entity

Complete Applicable Sections Below

Corporation: ___ Type "S" or ___ Type "C"

Date of Incorporation: _____
President: _____
Vice President: _____
Treasurer: _____
Parent Company: _____
City/State/Zip: _____
Fiscal Year End: _____
How long at present location: _____
State of Incorporation: _____

If less than one year in business, provide the following:
Principle Name: _____
Home Address: _____
City/State/Zip: _____
Social Security Number: _____
Telephone: _____
Other: _____

Partnership: ___ or ___ Proprietorship

Date Started: _____
Partner/Proprietor: _____
Home Address: _____
City/State/Zip: _____
Telephone: _____

Fiscal Year End: _____
Social Security Number: _____
Drivers License: _____
How long at present location: _____
Other: _____

Type of Business: (Wholesale/Retail, etc.) _____
Sales Tax Status: ___ Tax Exempt Permit # _____ (Attach exemption certificate)
Dun & Bradstreet Rated: ___ Yes ___ No _____ Rating D-U-N-S # _____

Bank Information

Bank Name: _____
Contact: _____
Telephone: _____
City/State/Zip: _____
Checking/Savings Account Numbers: _____
Lines of Credit: _____
Loan Number(s): _____

Trade Credit References (Open Accounts Only)

(1) Company Name: _____
Account Number: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Contact: _____

(3) Company Name: _____
Account Number: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Contact: _____

(2) Company Name: _____
Account Number: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Contact: _____

Lessor/Owner

Lease ___ Rent ___ Own ___

From

Name: Address: _____

City/State/Zip: _____

Telephone: _____

YOUR MOST RECENT FINANCIAL STATEMENT MUST ACCOMPANY THIS APPLICATION This is our authorization to **KACO** Consulting, Inc., hereafter referred to as **KACO** to contact the references provided so that information may be obtained to consider granting credit privileges to us. We represent that our company is financially able to meet any commitments we have made and intend to pay promptly in accordance with the payment terms indicated on **KACO** invoices. Should those terms now, or at any future date, include a service charge for late payment or collection and attorney and filing fees in the event of legal action, we agree to pay all such charges. Buyer consents to the personam jurisdiction of any state or federal court located in California or Massachusetts. Buyer agrees that the services of process may be made by mailing a copy of the summons and complaint to the Buyer at its address set forth in sellers records. In addition, my signature signifies my approval for my Bank and Creditors to respond to any credit inquires regarding this application.

SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Signed: _____

Title: _____

Principle: ___ Guarantor: ___ Other: ___

(Specify) _____

Date: _____

Signed: _____

Title: _____

Principle: ___ Guarantor: ___ Other: ___

(Specify) _____

Date: _____

This information will not be used for any other purpose than those stated and for the granting credit privileges to the applicant.