

KRC Logistics
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Applicant name:		DBA:	
Contact name:			
Phone:	Fax:	E-mail:	
Billing address:			
City:	State:	ZIP Code:	
Date business commenced:		Company website:	
A/P Contact name:		Phone:	Email:

BUSINESS AND CREDIT INFORMATION

Bank name:		Bank contact:	
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account:		Account number:	

BUSINESS/TRADE REFERENCES

Company name:		Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Contact:	
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize KRC Logistics to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURE

<p>The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.</p>	<p>Signed:</p> <p>Title:</p> <p>Date:</p>
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