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 Email: info@klselect.com Web: www.klselect.com

Credit Application

Billing Address

Shipping Address

Corporate Name: _____
 Store Name DBA: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Owners/Principals: _____
 Accounts Payable Manager: _____

Store Name: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Fax: _____
 Buyer: _____
 Phone: _____

Tax I.D. #: _____ SSN: _____
 Proprietorship: _____ Partnership: _____ Corporation: _____
 How long in business? _____ At present location? _____
 Have you filed for bankruptcy or comprised a debt in the last 7 years? _____

Current References:

Bank Name: _____
 Branch Address: _____
 City: _____ State: _____ Zip: _____

Account #: _____
 Phone: _____
 Contact: _____

Manufacturer's Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Account #: _____
 Phone: _____
 Contact: _____

Manufacturer's Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Account #: _____
 Phone: _____
 Contact: _____

Manufacturer's Name: _____
 Street: _____
 City: _____ State: _____ Zip: _____

Account #: _____
 Phone: _____
 Contact: _____

The undersigned hereby authorizes KL Select and any person, bank officer, or credit reporting agency to compile and furnish KL Select any information it may have or obtain in response to the credit inquiries authorized herein.

 Authorized Signature

 Date

All information contained herein will be kept strictly confidential and used only for internal purposes of KL Select.