



CREDIT APPLICATION

Send Completed Application to dee@k2sci.com

Company Name	
Street Address	
Suite	
State/City	
Zip	
Phone + Area Code	

(If not same as physical location)

Billing Address	
Suite	
State/City	
Zip	
Phone + Area Code	

BUSINESS INFORMATION

IRS #	
Nature of Operations	
Year Incorporated	
Annual Sales	
Years at Location	
Credit Requested	
A/P Contact	
Direct Extension	
Email	

TYPE OF BUSINESS

Corporation

LLC

Partnership

Sole Owner

CREDIT REFERENCES

Name		Phone + Area Code	
Contact		Fax + Area Code	
Title			

Name		Phone + Area Code	
Contact		Fax + Area Code	
Title			

Name		Phone + Area Code	
Contact		Fax + Area Code	
Title			

BANKING DETAILS

Name		Contact	
Branch		Phone + Area Code	
Account Number		Fax + Area Code	

Unless specific arrangements have been made in advance, each invoice is due and payable upon presentation.

I, the undersigned officer or agent of the applicant, am authorized to prepare and submit this application.

Signature _____ Print _____ Title _____

For Internal Use Only

Received By: _____ Approved By: _____

Credit Terms: _____