

Please send completed applications to accounting@k2sci.com

Company Information

Company Name	
Physical Street Address	
City, State, Zip	
Area Code + Phone	

Billing Street Address	
City, State, Zip	
Area Code + Phone	

Business Information

FEIN Number	
DUNS Number (if known)	
Nature of Operations	
NAICS Code (if known)	
Year Incorporated	
Are you tax-exempt?	Yes - Attach Certificate No
Annual Sales (\$)	
Credit Limit Requested	
Credit Terms Requested	
Accounts Payable Contact	
Email	
Area Code + Phone	

Trade References

Name		Area Code + Phone	
Contact		Email Address	

Name		Area Code + Phone	
Contact		Email Address	

Name		Area Code + Phone	
Contact		Email Address	

Banking Details

Bank Name		Contact	
Account Number		Area Code + Phone	

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		Date	
Name		Title	

For Internal Use Only:

Received By:		Approved By:	
Credit Terms Granted:			

W9 Received:
 Tax Exemption Received:

Please send completed applications to accounting@k2sci.com

Company Information

Company Name	
Physical Street Address	
City, State, Zip	
Area Code + Phone	

For Internal use Only:**Trade References Verification**

Name		Area Code + Phone	
Contact		Email Address	
Credit Terms		Credit Limit	

Name		Area Code + Phone	
Contact		Email Address	
Credit Terms		Credit Limit	

Name		Area Code + Phone	
Contact		Email Address	
Credit Terms		Credit Limit	