

KOENIG KNIVES, LLC CREDIT APPLICATION FOR BUSINESS ACCOUNTE-MAIL COMPLETED FORM TO: krista@koenigknives.com**BUSINESS CONTACT INFORMATION**

Last:	First	Middle Initial:	Title:
Legal Company Name:		Tax I.D. Number:	
Phone:		E-Mail:	
Registered Company Address:			
City:		State:	Zip:
Primary Business Address:			
City:		State:	Zip:
Date Business Commenced:			
Type of Business: <input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="checkbox"/> Other			

BANK REFERENCES

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Other Account #
Address:	Address:	Address:
Phone:	Phone:	Phone:

TRADE REFERENCES

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Acct Opened Since:	Acct Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

AGREEMENT:

1. Invoices payable upon receipt of invoice.
2. Claims arising from invoices must be made within 7 days
3. I hereby certify that all the information herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be given. Furthermore, I hereby authorize the financial institutions and trade references listed on this credit application to release necessary information to Koenig Knives for which credit is being applied for in order to verify the information contained herein.

Signature_____
Date_____
Print Name & Title

#052517