



CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Customer Name		Phone	
Bill To Address		Cell	
		Fax	
City, State ZIP Code		Physical Address	
E-mail			
		City, State Zip Code	
CONTACT INFORMATION			
ACCT Payable Contact		Buyer Contact	
E-mail		Email Address	
E-mail for Invoices		Phone	
Phone		Fax	
Fax		Other Contact Info	
Applying for Credit	Choose an item.	Other Contact Info	
	This will default to PREPAY.	Other Contact Info	
KPS GLOBAL INTEROFFICE SECTION			
Team ID	Choose an item.	RSM	
Sales Group	Choose an item.	Credit Card Cust.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Est. Sales Volume		Est Production Date	Click or tap to enter a date.
Requested by: (CSR/ISR)		Date Requested:	Click or tap to enter a date.
Credit Amt. Requested		Status	<input type="checkbox"/> NEW <input type="checkbox"/> CREDIT REVIEW <input type="checkbox"/> INFO UPDATE
Comments:		Comments:	



KPS Global LLC
 4201 North Beach Street
 Fort Worth, TX 76137
 (800) 633-3426

Date of Request: _____

Amount of Credit Line Requested: _____

Reason for Application: New Account Change Name/Ownership Account Update

GENERAL BUSINESS INFORMATION

Name of Business					Number of Employees: _____	Annual Sales: _____
Physical Street Address:						
City, State, Zip:						
Mailing Address:						
City, State, Zip						
Business Telephone:		Business Fax:		Business email:		
Accounts Payable Contact:						
A/P Telephone:		A/P Email:		Email invoices:		
Anticipated Monthly Purchases/Volume:	Federal ID Number:			DUNS Number:		

GENERAL BUSINESS HISTORY

Years in Business:	Sales Tax Status: <input type="checkbox"/> Non-Exempt <input type="checkbox"/> Exempt (provide signed exemption certificates)					
Years at Current Location:	Building:		<input type="checkbox"/> Own	<input type="checkbox"/> Lease		
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship		
Note: If Division of a Corporation, please list parent Company Name: <input type="checkbox"/> Payment Guaranteed by Parent Company						

Name and address of officers, partners, owner(s), or other responsible parties

Name	Address	Title	Phone Number	Email Address

BANK REFERENCE - ALSO FORWARD LAST THREE BANK STATEMENTS

CURR REN T	Bank Name and Branch:				Account Number(s):	
	Bank Address					
	Bank City, State, Zip:					
	Account Officer:					
	Bank Telephone:		Bank Email:			
	Lines of Credit Available:					

TRADE REFERENCES

List five (5) suppliers with whom you have maintained credit for a minimum of three (3) years: include extra sheet if needed.

Name	Address	Account #	Phone #	Email Address

Has this entity ever filed for Bankruptcy Protection: Yes No

(in the past 10 years)

If Yes, provide details below, or by attachment:

Note: Complete the entire application and provide two years of financial statements (Balance Sheet and Income Statement, audited if available). Corporations should provide Fiscal Year End and Annual Reports. Please summarize your financial position below:

For the 12

Months Ended: _____

Net Revenue: _____
Operating Profit: _____
Pre-Tax Income: _____
Cash Balance (in Bank): _____
Accounts Receivable: _____
Inventory: _____
Accounts Payable: _____
Debt & Other Liabilities: _____
Stock Holders Equity: _____

The Applicant agree to the following:

- **Terms are prepay;** unless credit extensions are approved by KPS Global LLC credit department, credit extensions are subject to change at any time.
- All prices are subject to change without notice.
- All payments will be made in US Dollars (USD), to a bank of our choice, unless other arrangements are negotiated prior to the sale.
- All claims against invoices must be made within Seven (7) days.
- All Invoices are due according to the KPS Global LLC terms of sale.
- Applicant and/or guarantor is responsible for payment of late fees relating to the past due invoice(s) including but not limited to collection agency fees, reasonable attorney fees, legal and court fees.
- Goods may not be returned or orders cancelled without prior written authorization from KPS Global LLC.
- Applicant represents and warrants that it is a solvent business and can and will pay its debts as they become due.

Applicant represents and warrants that all information provided on this application and related documents is true and correct and knows it will be used to make a credit extension assessment. Applicant authorizes KPS Global LLC, its subsidiaries, and affiliates (collectively, "KPSG") to make credit inquires and obtain credit information as deemed appropriate. Applicant further consents and authorizes KPSG, to conduct a background check on the entity applying for credit, provided by the Applicant.

Signature of Authorized Representative / Date

Print Name of Authorized Representative / Title

Company Legal Name

Email completed application to: Credit@kpsglobal.com

Remit to: KPS Global LLC • P.O. Box 951613 • Dallas, TX 75395-1613

KPS Global LLC • 4201 North Beach Street • Fort Worth, Texas 76137 • (800) 633-3426