

**KC BOOTH LLC.**  
**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:		State:	ZIP Code:
Fax number:			
Company name:			
Address:			
City:		State:	ZIP Code:
Fax number:			
Company name:			
Address:			
City:		State:	ZIP Code:
Fax number:			
Company name:			
Address:			
City:		State:	ZIP Code:
Fax number:			

**AGREEMENT**

1. Claims arising from invoices must be made within seven working days.
2. By submitting this application, you authorize KC Booth LLC. to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

Title: Date:	Title: Date:
-----------------	-----------------