



c/o Retail Management Solutions  
 16638 Arminta Street  
 Van Nuys, CA 91406, USA

# Application for Credit

Company name	_____	Telephone	_____
Billing Address	_____	Fax	_____
City, State, ZIP	_____	Federal Tax ID	_____
Years in Business	_____ State of Incorporation _____	Duns#	_____
Type of Business	Corporation   Proprietorship   Partners hip   LLC	Type of Retailer	_____

(Store e-Commerce Catalog or Other)

Principal Owners/Officers	_____	Title	_____
Home Address	_____	Telephone	_____
City, State, Zip	_____	Fax	_____
Accounting Contact Name	_____	Accounting Phone	_____
Accounting Contact Email	_____	Accounting Fax	_____
Sales Contact Name	_____	Sales Phone	_____
Sales Contact Email	_____	Sales Fax	_____

**Bank References**

Bank Name	_____	Acct #	_____
Bank Officer Contact	_____	Phone	_____
Bank Officer E-mail	_____	Fax	_____

**Trade References**

Company Name	_____	Acct #	_____
Contact Person	_____	Phone	_____
Address	_____	Fax	_____
City, State, Zip	_____	E-mail	_____
Company Name	_____	Acct #	_____
Contact Person	_____	Phone	_____
Address	_____	Fax	_____
City, State, Zip	_____	E-mail	_____
Company Name	_____	Acct #	_____
Contact Person	_____	Phone	_____
Address	_____	Fax	_____
City, State, Zip	_____	E-mail	_____
Company Name	_____	Acct #	_____
Contact Person	_____	Phone	_____
Address	_____	Fax	_____
City, State, Zip	_____	E-mail	_____

1. WE UNDERSTAND THAT THE TERMS OF SALE REQUIRE PAYMENT ON OR BEFORE THE DUE DATE AND AGREE TO THOSE TERMS.
2. CLAIMS ARISING FROM INVOICES MUST BE MADE WITHIN SEVEN (7) BUSINESS DAYS OF RECEIPT OF MERCHANDISE.
3. BY SUBMITTING THIS APPLICATION, WE AUTHORIZE KOMPUGARD CORPORATION TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS TRADE REFERENCES THAT WE HAVE SUPPLIED.

Applicant Signature	_____	Date	_____
Print Name	_____	Title	_____