KC TEXTILE, LLC

2639 Southwest Blvd
Kansas City, MO 64108
T: 816.753.0908 F: 816.531.5336

NEW CUSTOMER INFORMATION FORM

Company Name (DBA): _____ Company Legal Name: _____

Business Type (Corporation, LLC., Sole Proprietor, Partnership, Other): _____

Describe Your Business: (Manufacture, Retail, Distributor, Other, etc.): _____

Year Established: _____

Phone Number: _____ Fax Number: _____

Name Buyer Contact: _____ Buyer Contact Email : _____

Name Accounting Contact: _____ Accounts Payable Email: _____

Owner Email Address: _____

Company Website: _____

Billing Address:

Address: _____

City: _____

State: _____ Zip Code: _____

Shipping Address (if different than billing address)

Address: _____

City: _____

State: _____ Zip Code: _____

UPS Account Number (for freight collect or 3rd party billing): _____

Special Shipping Instructions: _____

Tax Exempt Number (Please enclose copy): _____

Where did you hear about us (Social, Friend, Google, etc.)?

Terms of Sale (please check one):

_____ Proforma (Please supply credit card information in the next section)

_____ N-30 Terms (Will require 2 credit references. A 50% deposit may be required on first order.)

PO Required? _____ Yes _____ No

Credit Card Information (for Proforma Accounts)

Credit Card Type: _____ Credit Card Number: _____

Expiration Date: _____ CVV2 Code: _____

Bank Reference (Please complete for N-30 Account)

Bank Name: _____

Bank Account No.: _____

Bank Address: _____

City: _____

State: _____ Zip Code: _____

Bank Phone Number: _____ Fax Number: _____

Business References:

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Company Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Dun & Bradstreet

_____ Yes _____ No Number: _____

Credit Limit Amount Requested: _____

Signed By: _____ Date: _____

I certify that the information contained herein is complete and accurate. This information is furnished with the understanding that it is going to be used to determine the amount and conditions of the credit to be extended. By submitting this credit application, I authorize KC Textile, LLC to contact the references provided. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to KC Textile, LLC. By signing this form, I am also agreeing to KC Textile, LLC's terms. I agree to make payment in full to KC Textile, LLC, for all purchases in accordance to KC Textile, LLC invoice(s).

By signing this form, I agree to the *Terms and Conditions* and the *Privacy Policy*.

For Office Use Only:

Approved: _____ Amount: _____

Instructions:

-Please print and fax completed form to (816)531-5336.

OR,

-Select Form

-Fill and Sign

-Email completed form to contact@kctextile.com