

# CREDIT APPLICATION

In order to process your order in the manner you request, we must have the following information completed. It is necessary that every question be completed in full. Thank you for understanding.

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE:( \_\_\_\_\_ ) \_\_\_\_\_ FAX:( \_\_\_\_\_ ) \_\_\_\_\_

SHIPPING ADDRESS, IF DIFFERENT FROM ABOVE:  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ FAX:( \_\_\_\_\_ ) \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_  
PRIMARY NATURE OF BUSINESS: \_\_\_\_\_  
DATE BUSINESS ESTABLISHED(MONTH/YEAR): \_\_\_\_\_  
YEARS IN BUSINESS OF PRESENT OWNERSHIP/MANAGEMENT: \_\_\_\_\_  
(  )SOLE PROPRIETORSHIP: SSN \_\_\_\_\_ (  )PARTNERSHIP  
(  )CORPORATION: For Profit (  ) Sub-S (  ) Not For Profit (  )  
FEDERAL TAX ID # \_\_\_\_\_ SALES TAX # \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

## REFERENCES:

|                 |                 |
|-----------------|-----------------|
| 1. _____        | 2. _____        |
| _____           | _____           |
| _____           | _____           |
| ACCOUNT # _____ | ACCOUNT # _____ |
| 3. _____        | 4. _____        |
| _____           | _____           |
| _____           | _____           |
| ACCOUNT # _____ | ACCOUNT # _____ |

## PERSONAL GUARANTEE

\_\_\_\_\_ (Business Name), has applied to **KNOW HIM, Inc.** for use of credit. As a condition to permit the use of credit, **KNOW HIM, Inc.** is requiring the execution of this personal guarantee which bind the signee as personally responsible for any debts realized through the issuance of notes or bills.

Executed this \_\_\_\_\_ Day of \_\_\_\_\_ 19 \_\_\_\_\_

NAME: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_