



# CREDIT APPLICATION FORM

COMPANY NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TEL#: \_\_\_\_\_ FAX#: \_\_\_\_\_

FEDERAL ID #: \_\_\_\_\_ RESALE ID #: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

### LIST NAMES OF ALL OWNERS OR PRINCIPAL CORPORATE OFFICERS

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

### BANKING INFORMATION

NAME OF BANK: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ FAX#: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

### NAME, ADDRESS, TELEPHONE NUMBER AND FAX NUMBER OF TRADE REFERENCES

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL#: \_\_\_\_\_ FAX#: \_\_\_\_\_

TEL#: \_\_\_\_\_ FAX#: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL#: \_\_\_\_\_ FAX#: \_\_\_\_\_

TEL#: \_\_\_\_\_ FAX#: \_\_\_\_\_

### ALL PRINCIPALS MUST SIGN

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(LEGAL SIGNATURE)

\_\_\_\_\_  
(DATE)



**SUBJECT: RELEASE OF CREDIT INFORMATION**

In order to complete our credit investigation we request written consent from you to obtain information from your references.

Please have this release signed by authorize individual(s) and emailed back to the email listed below.

We cannot process your request for open account without this form on file

We certify that all the above information is correct. we have read all the Terms and Conditions of sale, including payment Terms, the cautionary statement and limited warranty appearing on the reverse side hereof all of which are incorporated herein and made a part of hereof . we fully understand the same, we accept them, and in consideration of the extension of credit by Krome USA Inc. To use we agree to be bound by the same. the signature below verifies our acceptance and authorizes release of financial information to krome USA Inc.

DATE: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

E-mail: [info@kromedispense.com](mailto:info@kromedispense.com)



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