



KTC Use Only
Collector/Station
Acct Code

Credit Application and Agreement
Please fill out this form completely

Registered Firm Name: _____

Select Entity Type:

Sole Proprietorship Partnership Corporation LLC

Employer Identification No. (EIN) or Social Security No. _____

Mailing Address: _____

Physical Address: _____
(If different from above)

Telephone Number: _____ Year Business Established: _____

President: _____ Controller: _____

Parent Company: _____
(If different from above)

Number of Branches / Offices: _____

A/P Contact Name: _____ A/P Telephone No.: _____

A/P E-Mail Address: _____

KTC Sales Person: _____

This application will also serve as an authorization to release information from your bank to KTC. The information contained herein is confidential and is only supplied to the company for which you are applying for credit. This also authorizes companies to Fax/Email their reply to KTC. **The below signor must be a signor on the bank account.**

Bank Name: _____ Phone#: _____

Contact: _____ Acct#: _____

Line of Credit Acct#: _____ Acct#: _____

Officers Signature: _____ Title: _____

**The provision of bank account information is mandatory in order to process this credit application*

What paperwork and/or reference nos. does your company require in order to process payment?

All invoices will be submitted to your company via the A/P contact email address provided above, unless alternate instructions are provided below:

Does your company work with any government agencies? (Y/N) . If yes, please list below:

Does your company work with any government contractors? (Y/N) . If yes, please list below:

TERMS AND CONDITIONS:

The applicant(s) executing this Application and Agreement (“**Customer**”) hereby agree(s) that all services are subject to the following terms and conditions:

1. **Customer** agrees that all amounts due for services provided by KTC and /or any of its subsidiaries (collectively the “**Company**”) are payable at 245 East Fullerton Ave Carol Stream, IL 60188 or via electronic transfer.
2. **Customer** agrees that all amounts due are not payable in installments, but are payable **NET 15** days from invoice date. **Company** reserves the right to demand payment of all outstanding and past due freight charges as a pre-condition for releasing any shipment(s) at destination. This right includes the right to demand payment upon delivery of any shipment(s) at any time. If any amount due is not paid within said period, a delinquency charge of 1 ½% per month of the delinquent balance shall be added to the sum due.
3. In the event the **Customer’s** Account becomes delinquent and is turned over for collections, **Customer** agrees to pay all reasonable attorneys’ and collectors’ fees, plus all attendant collection/court costs incurred by the **Company**.
4. **Customer** agrees to notify the **Company** by certified mail of any changes in ownership of **Customer** and further agrees to be liable for all losses incurred as a result of failure to comply with said notifications.
5. **Customer** authorizes the **Company** and/or its Credit Agency(s) to investigate all credit history, bank references and any other information required to process this application and as it deems necessary in the future.

Date: _____ ApplicantSignature: _____
Officer, Owner, Partner or Member

Title: _____ Type orPrintName: _____