



Thank you for your interest in Krowne. In order to process your request for credit please fill out this credit application and email it to support@krowne.com along with a copy of your resale tax ID certificate. **Your application will not be processed without a copy of your resale certificate.**

**Credit Application and Guarantee**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Tel#: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Federal ID: \_\_\_\_\_ Resale ID #: \_\_\_\_\_ Year Established: \_\_\_\_\_  
 Buying Group \_\_\_\_\_ Email for Invoice Remittance: \_\_\_\_\_

**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: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Names, Address, Telephone Number & Fax Number of Trade References**

Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____

A service charge of 1 1/2% per month will be made on all bills remaining unpaid after 30 days from date of invoice. If this account is placed in the hands of a collection agency or attorney for collection, the undersigned shall pay an amount equal to 25% of the unpaid principal and interest as a collection fee, which amount the undersigned agrees is reasonable. This is to certify that I am a principal in the above business and in consideration for the extension of credit, I do personally guarantee payment of any and all invoices which remain unpaid for a period of thirty (30) days or longer. This applies to the above business, and/or company, and/or all affiliate companies, and/or successor companies.

**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 authorized individual(s) and emailed back to the email address listed below. We cannot process your request to open an account without this form on file.

By your signature you hereby authorize and give permission to Krowne to run a full investigation of your credit history including, but not limited to, obtaining a consumer credit report. You also authorize Krowne to contact the credit references listed to release information about your credit.

Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

**Email: [support@krowne.com](mailto:support@krowne.com)**