



Credit Application

Please Return by Fax to our Accounting Dept. at 207-782-7303 or if you have any questions call 207-514-7030.

Credit Amount Requested: _____

Company Name _____

Purchasing Agent _____

Mailing Address _____

City/State/Zip _____

Phone _____ Fax Number _____

E-Mail: _____

Business Type: Sole Proprietor Partnership Corporation in ____ (State)

Years in Business _____ EIN _____ D & B # _____

Corporate Officers, Individuals or Partners

Name _____	Name _____
Title _____	Title _____
Phone _____	Phone _____

Bank Reference

Bank: _____	Contact _____
Phone _____	Fax _____

Trade Reference

Company _____	Contact _____
Address _____	
Phone _____	Fax _____

Company _____	Contact _____
Address _____	
Phone _____	Fax _____

Company _____	Contact _____
Address _____	
Phone _____	Fax _____

I hereby certify that the above information I submitted to KICTeam is true. I authorize the Bank & Trade References to release information to KICTeam to be used solely for the purpose of opening an account.

(Required)

Signed _____
Title _____ Date _____