



K.I.B Direct[®]
www.kibdirect.com

955 W. 2900 S.
SLC, UT 84119
Ph: 801-892-5550
Fax: 385-528-0922

New Account Application

Legal Business Name: Date Established: _____

DBA Name: _____

Phone No: _____ Fax No: _____ Email: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____ Website: _____

Type of Business: Corporation State-Incorporated Partnership Sole Proprietor

Federal ID Number: _____ Number of Employees: _____

Type of Business: MFG. Distributor. Reseller End User. General Contractor

A/P Contact: _____ Phone No: _____ Email: _____

Annual Sales: _____ Anticipated Dollar Purchase per Month: _____

Signing Officer(s): _____

Yr. this business established: _____ D&B No. (DUNS No.): _____ Fiscal Yr. End: _____

Brands/Products Carried: _____

Markets: Local National International Financial Statements: Enclosed Not Enclosed

Name of Principals of Firm

Officer(s)/Owner(s)

1. Name: _____ Phone _____

2. Name: _____ Phone _____

Parent Co. Name: _____

Does Parent Company Guarantee Debts? Yes No

(If yes, please give details): _____

Parent Co Address: _____

By signing this credit application/agreement, the individual executing this Application below on behalf of Buyer, individually and personally, represents and warrants to KIB Direct that:

1) he/she is authorized to execute this Application on behalf of Buyer; 2) the information set forth in this Application is accurate and complete; 3) Buyer agrees that the prevailing party in any proceeding to enforce this Guarantee or to resolve a dispute with KIB Direct will be entitled to recover its costs, including attorneys' fees, collection agency fee, from the other party; and 4) any legal action brought by Buyer will be in the jurisdiction of Utah County, Utah, and Buyer hereby submits to the jurisdiction of said courts. The laws of the State of Utah will apply. Buyer agrees to pay interest on any unpaid purchases, beginning 30 days after the payment due date, at the rate of 1.5% per month; 18% per annum, or the maximum judicial rate, whichever is less. Buyer also agrees to pay \$100 for each check issued by Buyer to KIB Direct which is returned to KIB Direct unpaid or marked NSF.

Company Name: _____

Authorized Signature: _____ Date: _____

Signatory Name (print): _____ Title: _____

This application must be completed in full in order to be processed.

Please Email the document back to: derek@kibdirect.com and accounting@kibdirect.com

OR Fax it to 1-385-528-0922

**OR Mail it to the Attn: Derek Girdler
 KIB Direct
 955 W. 2900 S.
 SLC, UT 84119**