



**K.I.B Direct**<sup>®</sup>  
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: \_\_\_\_\_

K.I.B Sales Rep: \_\_\_\_\_

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: [orders@kibdirect.com](mailto:orders@kibdirect.com) and [accounting@kibdirect.com](mailto:accounting@kibdirect.com)**

**OR Fax it to 1-385-528-0922**

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