

**Kiwi Coders Corporation Credit Application**Please Submit to: info@kiwicoders.com

Phone: (847) 541 4511 Fax: (847) 541 6332

General Business Information

Business Name		DBA:
Street Address:		
City:	State:	Zip:
Phone:	Fax:	Years in Business:
Federal Tax ID #:	Dun & Bradstreet ID #	Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes include Copy)

Name of Owners, Partners, or Officers

Name:	Name:	Name:
Title:	Title:	Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Trade References

Name:			Name:		
Address:			Address:		
City	State	Zip:	City:	State	Zip: 60090
Phone:	Fax:		Phone:	Fax:	
Name:			Name:		
Address:			Address:		
City	State	Zip:	City:	State	Zip:
Phone:	Fax:		Phone:	Fax:	

Bank Reference

Bank Name:	Contact Name:	Account #:
Address:		
City	State	Zip:
Phone:	Fax:	Email:

Billing Information

Prefer to have invoices: Emailed <input type="checkbox"/> Mailed <input type="checkbox"/>		
Address:		
City	State:	Zip:
AP Contact:	AP Email:	

TERMS: In consideration of Kiwi Coders extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered to the Applicant in accordance with the terms of each invoice. Applicant agrees to each of the terms and conditions of sale from Kiwi Coders to the Applicant. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection and attorney fees in addition to all other sums due.

Applicant authorizes Kiwi Coders to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands it completely

Sign _____ Date _____