

3185 South Highland Drive, Suite 10 Las Vegas, NV 89109 Phone – (702) 733-0024 Fax – (702) 733-0026 www.kiesub.com

Kiesub Corporation		
	<b>DATE</b> :	
	REQUEST FOR CREDIT	
Company:	Attention:	

Thank you for requesting credit from Kiesub Electronics. Attached is our credit application. Please fill in all lines for faster processing. **FAX NUMBERS OR EMAIL ADDRESSES FOR ALL REFERENCES MUST BE PROVIDED.** Credit information on your letter is acceptable as long as our credit application is signed.

Kiesub Electronics has been in the electronics business since 1957. As a member of the Genie buying group, Kiesub buys at very competitive prices and has overnight access to product stocked in 100 warehouses around the country and improves our quantity buy advantage. Please contact us at (702) 733-0024, by fax at (702) 733-0026, by internet at <a href="www.kiesub.com">www.kiesub.com</a> or better yet, come see us Kiesub Center.

Please feel free to call on us for any of your needs. Thank you again for your interest in Kiesub Electronics.



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## **APPLICATION FOR CREDIT**

This is a legal document (Page 1 of 2)

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

	(1 &	90 1 01 2)			
Company Name:					
Mailing Address:		City:	Sta	ate:	Zip:
Shipping Address:		City:	Stat	te:	Zip:
Phone:		_ Fax:			
Description Of Bussiness:	·				
Legal Status: Corporation:	Partnership:	Proprietorship:	State Incorpora	ited:	Other:
Monthly Credit Requirement: \$		Are purchase	orders required?:	Yes	No
Are you a division of or wholly owned	subsidiary of another o	company? If so who	?:		
Year Established:	Length of tin	ne at current addres	s:		
Federal Taxpayer ID #:		_ Resale #:			
Officers or owners names:	(If individual or partne	ership, list home add	lress and social se	curity r	number.)
Name:		Title:			
Name:		Title:			
Name:		Title:			
Contacts:					
Accounts Payable Name:	Purchasing Name:				
Phone: Fax	· 				
Email:		Email:			
Trade References:					
Company Name:	Acct#	Phone:		Fax:	·
Address:	Cit	y:	State:		Zip:
Contact E-mail Address:					
Company Name:	Acct#	Phone:		Fax:	
Address:	Cit	y:	State:		Zip:
Contact E-mail Address:					
Company Name:	Acct#	Phone:		Fax:	
Address:					
Contact E-mail Address:					
Bank Reference:					
Bank Name:	Phon	e:	Fax:		
Address:	Cit	y:	State:		Zip:
Checking Account #:		Loan #:			
Other Account #:		Account Mana	ger:		



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In consideration for the extension of credit, applicant hereby agrees to pay bills when due. Kiesub's credit terms (subject to change) are net 30 days from date of invoice, unless otherwise indicated. Applicant agrees to pay a service charge of 1 ½% per month on all overdue balances. Applicant agrees to pay all cost incurred by Kiesub in collecting money overdue under the terms of this account, such costs include attorney's fees.

This credit application must be signed by an officer or authorized agent. Many institutions will not release information without this authorization. We cannot begin processing without a valid signature.

Company Name	Signature:					
Date:	Full Name:		Title:			
	CONTIN	IUING PERSONAL G	UARANTEE			
	(If a corporation is applying	ng for credit, a corporate off	icer must sign this guarantee.)			
For and in consideration of Corporation, I hereby abso company. This is a continu expressly waive notice of d guarantor and joiner of deb incurred in enforcement of brought in any Nevada cou	lutely and unconditiona ing guarantee and shal lefault, diligence, resort otor or other guarantors the underlying obligation	Ily guarantee the cred I continue so long as t to security, any obliga . I further agree to pa	it, account, debt or obligation he credit is extended or the ation to proceed first agains y all attorney's fees, all cos	on of the above named account is open. I st debtor or any other t and other expenses		
	Dated this	day of	20			
Guarantor Name:		Signature:_				
Home Address:		City:	State:	Zip:		
Home Bank Name:	Social Security #:					