



Date: _____

ACCOUNT SETUP APPLICATION

Step 1. Please fill and sign this Form.

Step 2. Please Email to apply@kinwaiusa.com or Fax to 510-780-8100.

Step 3. Please mail original signed copy to: KinwaiUSA Inc., 2265 Davis Court, Hayward, CA 94545 Attn: Account Manager

Company Information

Business Legal Name: _____	DBA or Trade Name _____
President/Owner: _____	Phone: _____ Fax: _____
Company Address: _____	City: _____ State: _____ Zip: _____
Billing Address: _____	City: _____ State: _____ Zip: _____
Shipping Address: _____	City: _____ State: _____ Zip: _____
Please list other locations if you have more than one shipping address: _____	
Website: _____	Email: _____

Contact Information

Owner/ Principal Contact: _____	Phone: _____	Fax: _____	Email: _____
Buyer Contact: _____	Phone: _____	Fax: _____	Email: _____
Accts Payable Contact: _____	Phone: _____	Fax: _____	Email: _____
Shipping Contact: _____	Phone: _____	Fax: _____	Email: _____

Business Classification

Sole Proprietorship: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	LLC: <input type="checkbox"/>	Other: _____	Year Established: _____
Type of Business: _____	Fed. Tax ID#: _____	No. of Employees: _____			
Estimated Annual Volume: _____	D&B#: _____	Lyons No#: _____			

Agreement

The applicant hereby certifies that the above stated information is true and correct as of the date of this application, and agrees to update this information from time to time at Kinwai USA, Inc.'s request. This application is not for applying term and credit.

(Authorized Signature)

(Date)

(Print)

(Title)