

CREDIT APPLICATION



BUSINESS CONTACT INFORMATION

COMPANY NAME:

DBA:

BUSINESS TYPE:

LLC

LLP

CORPORATION

SOLE PROPRIETORSHIP

PARTNERSHIP

REGISTERED COMPANY ADDRESS:

CITY:

STATE:

ZIP:

CREDIT LINE REQUESTED:

WEB ADDRESS:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

MAIN POINT OF CONTACT NAME:

TITLE:

DEFAULT DELIVERY ADDRESS

ADDRESS:

CITY:

STATE:

ZIP:

BUSINESS BANKING INFORMATION

BANK NAME:

DATE BUSINESS COMMENCED:

TYPE OF ACCOUNT:

SAVINGS

CHECKING

OTHER

ACCOUNT NUMBER:

CREDIT APPLICATION



ACCOUNTS PAYABLE CONTACT:

ACCOUNTS PAYABLE P.O.C. NAME:

PHONE NUMBER:

EXT:

FAX NUMBER:

EMAIL ADDRESS:

ACCOUNTS PAYABLE P.O.C. NAME:

PHONE NUMBER:

EXT:

FAX NUMBER:

EMAIL ADDRESS:

ACCOUNTS PAYABLE P.O.C. NAME:

PHONE NUMBER:

EXT:

FAX NUMBER:

EMAIL ADDRESS:

ACCOUNTS PAYABLE P.O.C. NAME:

PHONE NUMBER:

EXT:

FAX NUMBER:

EMAIL ADDRESS:

ADDITIONAL CONTACTS:

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

CREDIT APPLICATION



ADDITIONAL CONTACTS continued...

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

NAME:

TITLE:

PHONE NUMBER:

EMAIL ADDRESS:

AGREEMENT:

1. All invoices are to be paid 30 days from the date of the invoice
2. By submitting this application, you authorize Krugg Reflections USA to make inquiries into the banking and business/trade references that you have supplied in the addendum.

SIGNATURES:

SIGN:

SIGN:

TITLE:

TITLE:

DATE:

DATE:

CREDIT APPLICATION



BUSINESS/TRADE REFERENCES

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

TYPE OF ACCOUNT:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

TYPE OF ACCOUNT:

COMPANY NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

TYPE OF ACCOUNT: