



1075 North Ave  
Sanger, CA 93657  
Phone: 559-875-0222  
Fax: 559-876-2259  
[info@kwautomotive.com](mailto:info@kwautomotive.com)  
[www.kwautomotive.com](http://www.kwautomotive.com)

## DEALER & CREDIT APPLICATION

Name of Firm:			Resale Cert# (provide Copy):		
Business Address (Physical):					
City:		State:		Post Code:	
Mailing Address:					
City:		State:		Post Code:	
Phone:		Fax:	Website:		
Ownership Type:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Other(explain)	
If other, please explain here:			Tax ID/Fed ID/SSN#:		
Owners or Officers Name(s):					
Owners or Officers Name(s):					
Type of Business:			Region Served:		
At Present Location Since (date):			Years Established:		
Any other company locations:			If yes, How many:		
Financial Stmt's Available: Y / N		Annual Sales:		Business License#:	

### CREDIT REFERENCES (Financial Institution)

Credit Requested:			Terms Requested:		
Bank Name:			Branch Address:		
Phone:		Fax:	Contact Name:		
Indicate type of Account:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Other		
Account Number:					

### TRADE REFERENCES (give only names of those you buy from on open account)

<b>Company Name:</b>					
Address:				City:	
ST:	Post Code:	Phone:		Fax:	
<b>Company Name:</b>					
Address:				City:	
ST:	Post Code:	Phone:		Fax:	
<b>Company Name:</b>					
Address:				City:	



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ST:	Post Code:	Phone:	Fax:
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### MAIN LOCATION: (if same as above, please note SAME)

Location Name:	Contact Name:
Address:	Phone:
City, ST:	Fax:
Zip Code:	E-mail:

### SHIP TO – if different than company information please fill out

Company Name:	Contact Name:
Address:	Phone:
City, ST:	Fax:
Zip Code:	E-mail:
For 3 <sup>rd</sup> Party Shipping, Please List Carrier and Account Number:	

### OTHER CONTACT INFORMATION

Controller/CFO Contact Name:	Phone:
E-mail:	Fax:
Accounting/AP Contact Name:	Phone:
E-mail:	Fax:
Purchase Order Contact name:	Phone:
E-mail:	Fax:
Confirmation/Tracking to be sent to:	Phone:
E-mail:	Fax:

### SALES & MARKETING – used to send sales tips, incentives, press releases, new product information

Sales Manager Name:	E-mail:
Sales Rep Name:	E-mail:
Sales Rep Name:	E-mail:
Sales Rep Name:	E-mail:
Sales Rep Name:	E-mail:
Sales Rep Name:	E-mail:

\*If additional employees in your company are needed to receive these emails, please include on separate paper



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## DEALER & CREDIT APPLICATION

**Please sign below to authorize KW automotive North America to use the above information to perform a credit check.**

I hereby affirm that the foregoing information is true and complete. KW Automotive NA, Inc is authorized to contact any of the above listed Bank and Trade references for information pertaining to this application for credit. Upon credit approval, applicant agrees that credit terms will be Net 30, invoices not paid on these terms will accrue 1.5% per month service charge (18% per annum). In the event of any legal action, I agree to pay attorney and/or collection fees. I acknowledge that I have read, understand and accept the terms and conditions of this credit application. I personally guarantee payment of any and all indebtedness of the above account and agree to be bound by these terms and conditions.

Authorized Signature:	
Print Name:	
Title:	Date:

### KW AUTOMOTIVE INTERNAL USE ONLY

KW Internal Account Manager:		Date:
Credit Checked By:	Remarks:	
Credit Card Acct#:	Exp Date:	
Type:	Sales Rep:	Terms:
Resale License: Y / N	Rec'd: Y / N	Handling Fee: Y / N
Credit Limit:	Approval Signature:	
Comments:		

### UPDATES

Original Date:	KW	Discount:
	BT	Discount:
	LSD	Discount:
	ST	Discount:

1 <sup>st</sup> Update:	KW	Discount:
	BT	Discount:
	LSD	Discount:
	ST	Discount:

