



Corporate Headquarters
 5053 Sports Dr
 Kalamazoo, MI
 49009
 269.349.6637
 Fax 269.349.6699

NEW ACCOUNT INFORMATION / CREDIT APPLICATION

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KSS Sales Representative # _____

COMPANY NAME _____ **DBA NAME** _____
 (As it appears on your tax returns)

Billing Information

BILLING CONTACT: Email Order Confirmation? YES _____ NO _____

NAME _____ **EMAIL** _____

PHONE _____ **FAX** _____

BILL TO ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Shipping Information (For multiple shipping addresses please attach on a separate sheet)

OFFICE CONTACT: Email Order Confirmation? YES _____ NO _____

NAME _____ **EMAIL** _____

PHONE _____ **FAX** _____

SHIP TO ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PURCHASING CONTACT: Email Order Confirmation? YES _____ NO _____

NAME _____ **EMAIL** _____

PHONE _____ **FAX** _____

TYPE OF BUSINESS _____ **YEARS IN BUSINESS** _____

ARE YOU TAX EXEMPT? NO _____ YES _____ If Yes, please attach a Certificate of Exemption Form.
 Taxes will be applied to all orders pending receipt of this form.

PRESIDENT _____ **VICE PRESIDENT** _____

OWNER _____ **MANAGER** _____

BANK NAME _____ **CONTACT** _____

BANK ADDRESS _____ **ACCOUNT #** _____

BANK PHONE _____ **FAX** _____

CREDIT REFERENCES:

1. **NAME** _____ **PHONE** _____

ADDRESS _____ **FAX** _____

2. **NAME** _____ **PHONE** _____

ADDRESS _____ **FAX** _____

Grand Rapids	Jackson	Petoskey	Plymouth	Sault Ste Marie	South Bend	Traverse City
410 44th St SW, Suite A Grand Rapids, MI 49548 616.455.5090 Fax 616.455.5330	132 W Pearl St Jackson, MI 49201 517.784.7891 Fax 517.784.7895	2861 US 31 North Alanson, MI 49706 231.347.6865 Fax 231.347.2058	46001 5 Mile Rd Plymouth, MI 48170 734.453.1111 Fax 734.453.1114	3251 S M-129 Sault Ste Marie, MI 49783 906.253.2100 Fax 906.53.2103	208 E Sample St South Bend, IN 46601 574.233.7535 Fax 574.233.7645	3820 Cass Rd Traverse City, MI 49684 231.929.4923 Fax:231.929.7045

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I/WE REQUEST OUR INVOICES TO BE SENT TO US VIA (Choose one)

EMAIL Please provide Email Address if different than front _____

FAX Please provide Fax # if different than front of form _____

WOULD YOU LIKE TO BE SET-UP FOR ONLINE ORDERING? YES _____ NO _____

(If yes, we will contact you for additional information)

KSS ENTERPRISES TERMS AND CONDITIONS

PLACING ORDERS:

- For your convenience, orders may be placed by phone, fax, and email or through our Customer Service Remote (On-Line Order Entry.)

ORDER DEADLINE:

- A 12:00 p.m. cut off time for order placement is applicable on orders scheduled for next day delivery.

MINIMUM ORDER:

- All orders less than \$250.00 will be assessed a \$10.00 handling charge.
- Orders picked up by customers are excluded.

RETURN POLICY:

- A Return Goods Authorization (RGA) number must be obtained prior to the return of any product. This number must be visible on the package before KSS Enterprises will credit a return. Please obtain an RGA by calling your Account Coordinator, Sales Consultant or the phone number of the location nearest you.
- No credit will be extended for any quantity greater than the amount purchased.
- We are pleased to order any product for you that we do not stock, however, full case quantities must be ordered, and all Special Orders are non-returnable and non-refundable.
- No returns will be accepted after 60 days from invoice date. Claims for damaged product must be reported to KSS within 48 hours after delivery.
- All returns are subject to review before credit is issued. A re-stock fee, including freight, may apply.

TERMS:

- Terms are Net 30 Days – Late Fee 1-1/2% per month.
- There will be a \$25.00 service charge for all returned checks.
- Applicant agrees to pay the total amount due on each invoice from KSS Enterprises in accordance with the payment terms thereon, unless otherwise agreed in writing. If not paid when due, Applicant agrees to pay a service charge of 18% per annum (1 ½% per month) or the highest rate allowed by law. Applicant agrees to pay all costs and expenses of collection, whether or not suit is filed, including reasonable attorney fees, incurred by KSS Enterprises in litigation, appeals, bankruptcy proceedings, or otherwise.
- Applicant and KSS Enterprises agree that any disputes between the parties arising out of their business relationship shall be resolved by the appropriate state district, state circuit, or federal court located in the city of Kalamazoo, Michigan and that said venue(s) shall be exclusive venue(s) to resolve such disputes.

SALES TAX:

- Until we receive a certificate of exemption form, all customers will be considered taxable.

I / We understand the above Terms and Conditions, and that invoices and monthly statements will be the only notice that payment is due. I / We also understand and agree to pay the standard legal collection fees required to obtain payment if account becomes delinquent.

Print Name _____ Date _____

Signature _____ Title _____

Return to: KSS Enterprises / Accounting Department

Attn: Bob Schoolmaster via fax 269-349-6699 or email to bschoolmaster@kssenterprises.com



CUSTOMER DELIVERY CONTACT INFORMATION FORM

Please provide the following information requested for delivery purposes and return this form with the New Account Form / Credit Application.

COMPANY NAME _____

RECEIVING CONTACT: On occasion we may need to reach you for delivery verification

#1: Name _____

#1: Phone _____

#2: Name _____

#2: Phone _____

Receiving Hours: _____

Signature required upon delivery? YES NO

May we leave product if nobody is there? If so, where to place product _____

Receiving Special Instructions _____

Do you close due to bad weather? _____

If yes, can we still deliver? _____

Who do we contact if closed: NAME _____

PHONE _____

Return to: KSS Enterprises / Accounting Department

Attn: Bob Schoolmaster via fax 269-349-6699 or email to bschoolmaster@kssenterprises.com