



Customer Application Form

Net 30 Days Account

To establish a Net 30 Days account with us, kindly fill out the form on the second page and send it via email to KSICustomerApplications@ksiautoparts.com.

Upon receipt, one of our dedicated Customer Service Representative will promptly process your request and notify you once your account has been successfully created.

Please note that incomplete forms may result in delays as a Customer Service Representative will need to reach out to you to gather the missing information before proceeding with the account creation process.

Should you have any questions or concerns regarding the form or the account setup process, please do not hesitate to reach out to us at **800.KSI.PART** (574.7278). We are here to assist you.

Thank you for choosing KSI, and we look forward to serving you.



100 Wade Avenue
South Plainfield NJ 07080
908.754.7154
www.ksiautoparts.com

Customer Application Form

Net 30 Days Account

Customer ID _____
[] Net Approved [] Net Denied
For official use only

General Information

Business Type [] Individual / Sole Proprietor [] C Corp [] S Corp [] Partnership [] LLC / LLP
Legal Business Name _____ Federal Tax ID No. _____
Business Address _____ Hours of Operation _____
Business Phone _____ Fax No. _____
Owner Name _____ Mobile No. _____ Year(s) in Business _____
AP Contact _____ Phone No. _____ Email _____
Sales Tax Exempt [] Yes [] No Tax Exempt No. _____
If yes, attach the current exemption certification

Bank Information

Bank Name _____ Account No. _____
Address _____ Contact _____
Phone _____ Fax No. _____

Trade References

Business Name _____ Contact _____
Address _____ Phone _____ Email _____
Business Name _____ Contact _____
Address _____ Phone _____ Email _____
Business Name _____ Contact _____
Address _____ Phone _____ Email _____

Corporate Guarantee / Personal Guarantee

I hereby authorize **KSI Trading Corporation Inc.** to verify my reference and to contact Credit Reporting Agency/Bank for purposes of obtaining credit. I do hereby certify that the information provided herein is true and accurate and it is understood that the creditor will rely thereon. It is agreed that in the event that this or any account of the applicant is not paid according to its terms, the applicant will be additionally liable for all collection agency fees and all costs incurred but not limited to, attorney fees, interest of the highest amount permitted by law and costs and disbursements if collection procedures are required.

Signature _____ Title _____ Date _____

To induce creditor to grant the above named company (the applicant), I (We) do hereby personally guarantee the payment of any and all accounts of the applicant with respect to the purchase of goods and services, in the event that the applicant fails to pay said account(s), it is agreed that the applicant will be liable for all collection agency fees and all costs incurred in collection include, but not limited to, attorney fees, interest of the highest amount permitted by law and costs and disbursements of collections.

Signature _____ Title _____ Date _____