

KAGAN TRIM CENTER - CREDIT APPLICATION

3957 S. Hill St (2nd Floor), Los Angeles, CA 90037

PH: 323-583-1400, FX: 323-583-1600, EM: credit@kagantrim.com

COMPANY INFO:

Company Legal Name

Primary Business Address

City State Zip

Phone Fax Nbr of years in business?

Full name of Company Officer Title

BANK INFO:

Bank name City State

Acct Type (select one) Acct # Years with bank?

BUSINESS/TRADE REFERENCES

1. Company name

Address

City State Zip

Phone Fax

Contact name Contact Email

2. Company name

Address

City State Zip

Phone Fax

Contact name Contact Email

3. Company name

Address

City State Zip

Phone Fax

Contact name Contact Email

AGREEMENT:

1. By submitting this application, you authorize KTC to make inquiries into the banking and Business/trade references that you have supplied.
2. All invoices are to be paid within 30 days from the date of the invoice.
3. All past due amounts shall bear interest at the rate of 18% per annum (1.5% per month).
4. No returns without our written authorization.
5. All returns subject to a 25% re-stocking charge.
6. All claims must be made within five days of receipt of goods.
7. We make no warranties or guarantees regarding use of these of these goods. All goods sold "as is".
8. We make no warranties or guarantees regarding dyeability, washability, colorfastness, shrinkage, etc. You must do your own testing to ensure product suitability for your purpose.
9. Customer agrees to pay all reasonable attorney's fees and all costs and other expenses incurred by creditor in collecting or compromising any indebtedness.

AUTHORIZED SIGNATURE AND TITLE (REQUIRED)

PRINTED NAME

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.Email completed form to: credit@kagantrim.com or Fax to 323-583-1600

.All information provided herein is held in strictest confidence and never shared with Third Parties