



KHN Solutions, Inc.
300 Broadway Suite 26
San Francisco, CA 94133
Tel: 415.693-9756
Fax: 415-358-8030

CREDIT APPLICATION INFORMATION			
Company Name:		Contact Name:	
Tax ID #:		Accounts Payable Contact:	
Owner Name(s):		AP Phone:	AP Fax:
Street Address:		D&B#:	
City:	State:	Zip:	Check One Below:
Phone:	Fax:	Corporation <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
Email Address:		LLC <input type="checkbox"/>	Other <input type="checkbox"/>
Owners Driver License #:		Type of Account Desired:	
Owner's SSN:		Open Account <input type="checkbox"/>	Credit Card <input type="checkbox"/>
Owner's Date of Birth:		Desired Credit Limit \$	

TRADE CREDIT REFERENCES (At least three required)					
Vendor Name:		Vendor Name:			
Phone:	Fax:	Phone:	Fax:		
Acct#	Contact:	Acct#	Contact:		
Street Address:		Street Address:			
City:	St:	Zip:	City:	St:	Zip:
Email Address:		Email Address:			
Vendor Name:		Vendor Name:			
Phone:	Fax:	Phone:	Fax:		
Acct#	Contact:	Acct#	Contact:		
Street Address:		Street Address:			
City:	St:	Zip:	City:	St:	Zip:
Email Address:		Email Address:			

BANK & FINANCE COMPANY REFERENCES			
Bank:	Phone:	Fax:	
Acct#:	Contact Name:		
Street:	City:	State:	Zip:

SIGNATURE OF APPLICANT

PRINT NAME

DATE

If you are reselling our products, please attach a copy of your States Sales Tax/Resale Certificate when returning the Credit Application. Fax back to KHN Solutions, Inc. at 415-358-8030 or mail to address at top right of page.

CREDIT APPLICATION

Release for Information

I request and authorize the Bank and Trade Credit References I have provided on the KHN Solutions, Inc. Credit Application to release any credit information for purposes of establishing net 30 payment terms.

<i>Credit Application Applicant</i>		
Company Name:		
Tax ID #:		
Owner Name(s):		
Street Address:		
City:	State:	Zip:
Phone:	Fax:	
Email Address:		

Signature of Applicant

Print Applicant's Name

Date