

RESELLER/CORPORATE CREDIT APPLICATION



Date of Application: _____

Business Name: _____ Phone: _____
(Area Code + Number)

Address Street: _____

City: _____ State: _____ Zip Code: _____

Fax #: (____) _____ Web URL: _____

Ownership: Sole Owner Partnership Corporation

Principal: _____
(Name) (Title) (SS#) (email Address)

Principal: _____
(Name) (Title) (SS#) (email Address)

Accounts Payable Contact: _____
(Name) (Phone + ext.) (email address)

Sales Contact: _____
(Name) (Phone + ext.) (email address)

Business Size:

Number Of Employees: _____ Years at this location: _____ EST Annual Sales: \$ _____

Has The Firm Or Principles Therein Ever Been Bankrupt? Yes No

Please complete the Credit Card or terms section:

Credit Card- Visa MasterCard American Express Discover

Card # _____ Exp. _____ CVV _____

Card Holder's Name: _____

Dun & Brad # _____ Federal Tax ID # _____ Business License # _____

Bank Name and Phone _____ Credit Limit Requested _____

Please list three current Vendors as references:

Vendor _____ Contact & Phone/Fax Number _____

Vendor _____ Contact & Phone/Fax Number _____

Vendor _____ Contact & Phone/Fax Number _____

Authorized Signature

Title

Date

In consideration of extension of credit and establishment of a credit account, applicant acknowledges liability for payment of amounts due KeyStone Learning Systems LLC (KLS) for KLS products. If KLS must take action to collect any balance owing, applicant agrees to pay all reasonable costs and expenses incurred in collection including, but not limited to, reasonable attorney's fees, court costs, and interest thereon at the then maximum legal rate. By signing this agreement, applicant acknowledges payment will be made according to quoted terms on invoice. All past due invoices are subject to interest charges at the maximum allowable legal rate. Signature also authorizes the release of credit information concerning our company that KLS may reasonably require.