KIMMERON, INC.
160 FRONT STREET, SUITE PHA
NEW YORK, NY 10038
Phone: 212-785-5507 Fax: 212-785-5508
www.kimmeron.com

application for business account

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP:
Tax ID #:		(please attach copy of certificate)	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account: Checking Savings		Account #:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. By submitting this application, you authorize Kimmeron, Inc. to make inquiries into the banking and business/trade references that you have supplied.
2. First-time invoices are to be pre-paid.
3. Claims arising from invoices must be made within seven working days.

SIGNATURES

Signature:	Signature:
Print Name:	Print Name:
Title: Date:	Title: Date: