

NEW ACCOUNT INFORMATION / CREDIT APPLICATION

	PAGE	1 OF 2	KSS Sales Representative #			
COMPANY NAME		DBA N	NAME			
(As it appears on your tax returns	;)					
Billing Information						
BILLING CONTACT: Email Ord	ler Confirmation? YES	NO	_			
NAME	EM <i>F</i>	AIL				
PHONE	FAX					
BILL TO ADDRESS						
CITY	STATE		ZIP			
Shipping Information (For mult	iple shipping addresses p	lease attach or	n a separate sheet)			
OFFICE CONTACT: Email Ord	ler Confirmation? YES _	NO				
NAME	EM	IAIL				
	FAX					
SHIP TO ADDRESS						
			ZIP			
PURCHASING CONTACT: Em		_				
TYPE OF BUSINESS		_ YEARS IN B	USINESS			
ARE YOU TAX EXEMPT? NO	YES If Yes, pleas Taxes will h	se attach a Certifion be applied to all o	icate of Exemption Form. orders pending receipt of this form.			
PRESIDENT	VICE PR	ESIDENT				
OWNER	MANAGE	:R				
BANK NAME	CONTAC	т				
BANK ADDRESS		_ACCOUNT#_				
BANK PHONE	FAX					
CREDIT REFERENCES:						
1. NAME		PHON	IE			
ADDRESS		FAX _				
2. NAME		PHON	IE			
ADDRESS		FAX				



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ONTACT NAME:	EN	1AIL:	
nis is the name of the person who will be doing	g the online ordering		
ONTACT'S DEFAULT SHIPPING ADDRE			
ddress the contact person orders for most fre			the account.
/HAT TYPE OF USER: Standard	Approver	Multi-user	
USER IS STANDARD, DO THEY REQUI	RE APPROVAL? Yes	No	
ATALOG OPTIONS:			
1) Show entire catalog?		Yes	No
2) If yes, show pricing in catalog?			No
3) If yes to question one, allow ord	lering from general catalog?	Yes	No
WE REQUEST OUR INVOICES TO BE E	MAILED TO		
KCC Entermyless accounts the fallerwine man		CII If way abaas	and to make his availed a and a 20/
KSS Enterprises accepts the following p	convenience fee will be adde	d.	se to pay by credit card, a 3%
PLACING ORDERS:	S ENTERPRISES TERMS AND CONI	<u>DITIONS</u>	
For your convenience, orders may be placed	by phone, fax, and email or through ou	ır Customer Service	Remote (On-Line Order Entry.)
ORDER DEADLINE:A 12:00 p.m. cut off time for order placement	is applicable on orders scheduled for r	next day delivery	
MINIMUM ORDER:	to applicable on cracio concadica for t	ioni day donvory.	
 All orders less than \$250.00 will be assessed Orders picked up by customers are excluded 			
RETURN POLICY:	•		
A Return Goods Authorization (RGA) number package before KSS Enterprises will credit a phone number of the location nearest you.	r must be obtained prior to the return of return. Please obtain an RGA by callir	any product. This r	number must be visible on the ordinator, Sales Consultant or the
No credit will be extended for any quantity gre We are pleased to order any product for you non-returnable and non-refundable.		e quantities must be	ordered, and all Special Orders are
 No returns will be accepted after 60 days from delivery. 	m invoice date. Claims for damaged pr	oduct must be repor	ted to KSS within 48 hours after
All returns are subject to review before credit	is issued. A re-stock fee, including fre	ght, may apply.	
TERMS: Terms are Net 30 Days – Late Fee 1-1/2% pe	er month		
There will be a \$25.00 service charge for all r	returned checks.		
Applicant agrees to pay the total amount due otherwise agreed in writing. If not paid when a highest rate allowed by law. Applicant agrees attorney fees, incurred by KSS Enterprises in Applicant and KSS Enterprises agree that any	due, Applicant agrees to pay a service to pay all costs and expenses of coller litigation, appeals, bankruptcy proceed	charge of 18% per a ction, whether or not dings, or otherwise.	nnum (1 ½% per month) or the suit is filed, including reasonable
the appropriate state district, state circuit, or f exclusive venue(s) to resolve such disputes.			
SALES TAX: Until we receive a certificate of exemption for	m all customers will be considered tax	able	
I / We understand the above Terms and Con-	•		Il be the only notice that
payment is due. I / We also understand and account becomes delinquent.			
Print Name	Date		
Signature	Title		

Return to: KSS Enterprises / Accounting Department

Via email: ar@kssenterprises.com

Rev date 8.2024



CUSTOMER DELIVERY CONTACT INFORMATION FORM

Please provide the following information requested for delivery purposes and return this form with the New Account Form / Credit Application.

COMPANY NAME
RECEIVING CONTACT: On occasion we may need to reach you for delivery verification
#1: Name
#1: Phone
#2: Name
#2: Phone
Receiving Hours:
Signature required upon delivery? YES NO
CONTACT FOR DELIVERY CONFIRMATION: Who should receive the delivery email confirmation
#1: Name
#1: Email
#2: Name
#2: Email
May we leave product if nobody is there? If so, where to place product
Receiving Special Instructions
Do you close due to bad weather?
If yes, can we still deliver?
Who do we contact if closed: NAME
PHONE

Return to: KSS Enterprises / Accounting Department

Via email: ar@kssenterprises.com