



## Confidential Credit Application and Agreement

Company Information			
Name of Company	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Limited Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Other <input type="checkbox"/>
A/P Contact Name:	A/P Email Address:	A/P Phone:	
Company Physical Address (Street)	City	State / Country	Zip Code
Type of Business	Years in Business	Company Main Phone / Fax	
Sales Tax Exemption Number / VAT (Please send a copy of your certificate)	EIN Number	Duns Number	
State of Incorporation or Country of Registration if non-U.S.		Website	
Credit Line Requested	Name of Parent (If Applicable)		
Billing Address (if different from physical address):	City	State / Country	Zip Code

Business/Trade References – List may be attached.		
Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:
Date Account Opened:	Date Account Opened:	Date Account Opened:
Credit Limit:	Credit Limit:	Credit Limit:



## Confidential Credit Application and Agreement

Current Balance:	Current Balance:	Current Balance:
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Bank References – List may be attached.		
Institution Name:	Institution Name:	Institution Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Checking Account #:	Checking Account #:	Checking Account #:
Savings Account #:	Savings Account #:	Savings Account #:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to FirstKem, LLC to verify the information contained herein.

This Agreement must be signed by an Officer, General Partner, Managing Member, or Proprietor of the Company.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title/Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit the signed application to one of the following:**

EMAIL: AR@FIRSTKEM.COM  
 PHONE: 864-520-0907  
 MAIL: 137 Runion Dr  
 Greer, SC 29651 USA