



CREDIT APPLICATION / AUTHORIZATION TO RELEASE BANKING INFORMATION

KYOKUYO AMERICA CORP. 1200 FIFTH AVENUE; SUITE 1575, SEATTLE, WA. 98101

PHONE: 206.405.2670

FAX: 206.405.2671

Customer Information

Legal Name \_\_\_\_\_ Fed. Tax ID \_\_\_\_\_

Physical Address \_\_\_\_\_ Mailing \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Started \_\_\_\_\_

As applicable, list name(s) and address(es) of Corporate Officers, Partners or Owner

Name	Title
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____

Type of business \_\_\_\_\_

When established \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Account Number \_\_\_\_\_

Trade References

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_