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CREDIT APPLICATION

BUSINESS INFORMATION

Legal Company name: _____ Phone: _____

dba Trade name: _____ *FKA _____

Mailing Address: _____ Fax: _____

City: _____ State: _____ Zip code: _____

Shipping Address _____

City: _____ State: _____ Zip code: _____

Years at Present Address: _____ Years: _____ Months _____

Principal/Owner's Name: _____

Principal/Owner's Address: _____

City: _____ State: _____ Zip code: _____

Principal/Owner's Home Phone: _____

Ownership: Sole Proprietorship Partnership Corporation

Year Incorporated: _____ State Incorporated: _____

*Formerly known as

REFERENCES

BANK REFERENCE

Bank Name _____ Account No. _____

Bank Address _____ Phone _____

Contact _____ Fax _____

TRADE REFERENCE

Company Name	Address	Phone No.	Contact	
1				
2				
3				
4				

Credit Agreement/Guarantee

I authorize our bank to furnish financial information requested by your company in connection with this application for credit. Terms of sale will be as shown on each invoice and I agree that all invoices will be paid by due date or up to a 2% per month late penalty is acceptable. In consideration of personal benefits accruing to me, I guarantee payment of all correct charges to the business, and if for any reason the account is not paid when due, I will pay it and if collection is required, pay a reasonable attorney's fee, collection fee, and other reasonable cost incurred in the collection of said account.

Business Name: _____

Accepted by:

Signature

Date

Print

Title

Signature

Date

Print

Title