



# KANSAS GRIP

LIGHTING • GRIP • PRODUCTION SUPPLIES • CREW

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## ACCOUNT APPLICATION

Business or Corporate Name:		Application Date:	
Federal Taxpayer ID:	Number of Employees:		Monthly Credit Needed:
Business Address:	City:	State:	Zip:
Billing Address (if different):	City:	State:	Zip:
Business Phone:	Business Fax:		
Year Established:	Type of Business: <input type="checkbox"/> Inc. <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____		
Accounts Payable Contact:	Accounts Payable Email:		
Accounts Payable Phone:	Accounts Payable Fax:		
<b>OWNERS (include attachment if more than one):</b>			
Name:	Title:	Social Security Number:	
Home Address:	City:	State:	Zip:
Cell #:	Email:		
<b>BANK INFORMATION</b>			
Name:			
Branch Address:	City:	State:	Zip:
Account #:	Phone #:	Contact Name:	
Name:	City:	State:	Zip:
Branch Address:			
Account #:	Phone #:	Contact Name:	
<b>TRADE REFERENCES (at least 3x creditors. no credit cards):</b>			
Name:	Acct #:		
Address:	City:	State:	Zip:
Phone #:	Fax:	Contact Name:	
Name:	Acct #:		
Address:	City:	State:	Zip:
Phone #:	Fax:	Contact Name:	
Name:	Acct #:		
Address:	City:	State:	Zip:
Phone #:	Fax:	Contact Name:	
Has Applicant or any of it's owners, principles, partners, officers or directors ever filed for bankruptcy, been adjudged bankrupt or made an assignment for the benefit of creditors? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, please attach a detailed explanation)			
For the purpose of establishing a credit line with Kansas Grip, LLC., I hereby authorize the above named Bank and Trade References to furnish the requested account/credit information.			
Authorized By (Name):		Title:	
Signature:		Date:	