



PO Box #5139 2300 Postal Dr. Pahrump, NV 89041 P: 855-823-3777 F: 800-220-4865 info@kmizeolite.com

KMI Customer Information Form – Credit Application

Company Name : _____

Address : _____

City : _____

State / Province : _____

Zip Code : _____

Phone : _____

Fax : _____

Cell / Other : _____

Email : _____

Primary Contact (Purchasing) : _____

Primary Contact (Accounting) : _____

Number of years in business : _____

Type of Business (Corp/Part/Sole/LLC/SCorp) : _____

Bank Reference

Bank Name : _____

Address : _____



PO Box #5139 2300 Postal Dr. Pahrump, NV 89041 P: 855-823-3777 F: 800-220-4865 info@kmizeolite.com

Contact : _____

Phone : _____

Fax : _____

Trade References (3 Required)

1) Company Name : _____

Address : _____

Contact : _____

Phone : _____

Fax : _____

2) Company Name : _____

Address : _____

Contact : _____

Phone : _____

Fax : _____

3) Company Name : _____

Address : _____

Contact : _____

Phone : _____

Fax : _____



PO Box #5139 2300 Postal Dr. Pahrump, NV 89041 P: 855-823-3777 F: 800-220-4865 info@kmizeolite.com

I, _____ hereby acknowledge that the above information provided is accurate
(Print Name)

and complete and that I have been granted the authority to enter into contracts on behalf of the entity

_____. Signed on the _____ day of _____, 20____.
(Company Name) (Day) (Month) (Year)