

New Account Information

Klosterman Distributing

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Office Use

Date: _____

Account Number: _____

Sales Person: _____

Sales Call Day: _____

Delivery Day: _____

Account Name: _____

Phone #: _____

Contact Person: _____

Cell #: _____

Email address: _____

Fax # _____

Delivery Address: _____

City: _____ State: _____ Zip code: _____

State Tax ID #: _____ Drivers License #: _____ Social Security#: _____

Type of business: ___ Corporation ___ Partnership ___ Limited Partnership ___ Sole Proprietorship ___ School

Owner/Party Responsible for Payment: _____

Home Address: _____ Phone: _____ Cell: _____

City: _____ State: _____ Zip code: _____

Drivers License #: _____ Social Security#: _____ Email: _____

Trade References:

1. Supplier Name: _____ Phone#: _____

Address: _____ Contact: _____

City/State/Zip: _____ Terms: _____

2. Supplier Name: _____ Phone#: _____

Address: _____ Contact: _____

City/State/Zip: _____ Terms: _____

Bank Reference

Bank Name: _____ Account #: _____

Address: _____ City/State/Zip: _____

Please Note: Initial Purchases Will Be "Net Upon Receipt" Until Credit Is Established.

I hereby guarantee the timely payment of all invoices billed to our account. If terms are instituted for my account, buyer agrees to pay a service charge of 1.5% per month on all thirty (30) day past due balances. If collection action becomes necessary, the unpaid balance is subject to an additional 25% fee plus legal fees. All lawsuits shall be filed in Kalamazoo County. Buyer agrees to all terms and conditions of payment stated on each purchase invoice. This signifies that I have read and agree to all terms set forth in this document.

(Signature)

Date: _____