



KGP Logistics
600 New Century Parkway
New Century, KS 66031-8000
800-755-1950
800-776-3952 (fax)

Credit Application

Please return with Current Financial Statement.

Date of Application

Company Name

Street Address City State Country ZIP Code

Phone No. Fax No. E-mail Address Web Site

Prior name(s) under which you did business in five (5) previous years, including (1) all prior corporations with which applicant has merged, and (2) any prior registered trade names of styles:

Name	Address	City	State

Principals Owners, Partners or Officers

Name	Title	Social Security No.	% of Ownership

Residence Street Address	City	State	ZIP Code

Name	Title	Social Security No.	% of Ownership

Residence Street Address	City	State	ZIP Code

Name	Title	Social Security No.	% of Ownership

Residence Street Address	City	State	ZIP Code

Name	Title	Social Security No.	% of Ownership

Residence Street Address	City	State	ZIP Code

Date Founded At Present Location Since Date Are Premises leased? Yes No Accounts Payable Contact

Composition: Individual Partnership Sub-Chapter S Corporation LLC Corporation State of

Date Incorporated Nature of Business

SIC Code NAICS Duns No Amount of credit desired

Parent Company Relationship to Parent Company Branch Division Subsidiary

Street Address City State Country ZIP Code

If your company is a subsidiary, is there any formal guaranty by the parent company? Yes No If yes, please complete attach copy.

Are you exempt from sales tax? See Paragraph 5, Terms and Conditions. Yes No If yes, please complete attached certificate.

Will you be shipping to any other state besides your Company's home state? Yes No If yes, additional forms may be required for exemption. See Paragraph 5, Terms and Conditions

Is current Financial Statement included? Yes No If not, when may we expect it?

How often are financial statements available? Monthly Quarterly Semi-Annually Annually

Applicant's Signature required on last page. All sales are subject to the Terms and Conditions contained herein.

Names of Banks

Bank Name	Bank Contact Officer	Branch Name			
Street Address	City	State	ZIP Code		
Phone	Fax	Credit Line	Unsecured	Secured	Secured by
			<input type="checkbox"/>	<input type="checkbox"/>	
Type of Account	Account Number				

Bank Name	Bank Contact Officer	Branch Name			
Street Address	City	State	ZIP Code		
Phone	Fax	Credit Line	Unsecured	Secured	Secured by
			<input type="checkbox"/>	<input type="checkbox"/>	
Type of Account	Account Number				

List of Principal Suppliers

Name	Account Number				
Street Address	City	State	ZIP Code		
Phone	Fax	Credit Line	Unsecured	Secured	Secured by
			<input type="checkbox"/>	<input type="checkbox"/>	

Name	Account Number				
Street Address	City	State	ZIP Code		
Phone	Fax	Credit Line	Unsecured	Secured	Secured by
			<input type="checkbox"/>	<input type="checkbox"/>	

Name	Account Number				
Street Address	City	State	ZIP Code		
Phone	Fax	Credit Line	Unsecured	Secured	Secured by
			<input type="checkbox"/>	<input type="checkbox"/>	

Name	Account Number				
Street Address	City	State	ZIP Code		
Phone	Fax	Credit Line	Unsecured	Secured	Secured by
			<input type="checkbox"/>	<input type="checkbox"/>	