KOUTURE ventures

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Select One: ☐ **New Account** ☐ **Change of Ownership** ☐ **Bill-To Change**

Net Terms:	Discount/Brand:		
Reg. Business Name:		Tax ID #:	
Phone:	Fax:	E-mail:	
Business Address:		City:	
State:	Country:	ZIP Code:	
In Business Since:	(Month/Year)		
Sole proprietorship ☐	Partnership ☐	Corporation ☐	Other ☐

PRINCIPAL OFFICERS, PARTNERS, OR OWNERS

Name 1:	Title:	SS #:
Residence Address:	State:	
Country:	Zip Code:	How long at current address?
Telephone:	Fax:	E-mail:
Name 2:	Title:	SS #:
Residence Address:	State:	
Country:	Zip Code:	How long at current address?
Telephone:	Fax:	E-mail:

BANK INFORMATION

Bank name:		Contact Person:	
Bank address:		Phone:	
City:		State:	ZIP Code:
Account Type:	Savings ☐	Checking ☐	Other ☐
Bank Account #:			

BUSINESS/TRADE REFERENCES

Company name:		Contact Person:	Account #:
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact Person:	Account #:
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Company name:		Contact Person:	Account #:
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

AGREEMENT

By submitting this application, I hereby certify that the above information is true and correct and that you authorize the Company to obtain information on banking and business trade references that you have provided for the purpose of attaining Credit. All Invoices are to be paid within the terms stated on the Credit Application and there forth Invoice. Also all defective returns are subject to approval and a Return Authorization Number will be provided for only approved returns. All Principal Officers, Partners or Owners stand personal responsibility for outstanding debts to Kouture Ventures Inc., said DBA's listed below in the case of a business being retired or transfer of ownership. This agreement shall be interpreted under the laws of the State of Florida. Venue for any action brought by Kouture Ventures Inc to enforce any terms of this agreement shall be in the Florida Dade County.

SIGNATURES

Title:	Title:
Date:	Date:

DBA's: Morel CCXD / Modo LCXD / Signature LCXD / Your Optix / Wescan CCXD / KOUTURE
2295 NE 164 Street, North Miami Beach, FL 33160,
Tel: 305-940-5293 Fax: 305-940-5290, E-mail: info@kouture.com