

C. KENNETH IMPORTS, INC. NEW ACCOUNT FORM

Company Name _____

Store Name (DBA) _____

Principal / Owner Name _____

Are you a subsidiary of a parent company? Yes ____ (Name: _____)

No _____

Company / Store Address _____

Store Phone Number _____

Cell Phone Number _____

Tax ID / FEIN _____

Fax Number _____

Email Address _____

Number of Years in Business _____

Please complete the form and send back to us with a copy of your Federal or State **BUSINESS CERTIFICATE** via email to cki.ar@ckennethimports.com or fax to 718-378-5859.

Please note it takes 2-3 days for new accounts to be processed. Thank you.

CKI INTERNAL OFFICE USE ONLY

A/C Number	_____	Terms	_____
A/C Name	_____		
Customer Type	<input type="checkbox"/> WI <input type="checkbox"/> OR	Shipping Method	<input type="checkbox"/> Delivery <input type="checkbox"/> Pick Up
Sales Rep	_____	Sales Rep #	_____
Received by	_____	Date	_____