**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 | □WI □ OR |  | Shipping Method | □ Delivery □ Pick Up |
| Sales Rep |  |  | Sales Rep # |  |
| Received by |  |  | Date |  |