



KEN HAMANAKA CO.
I N C O R P O R A T E D

FSTARI ISHFD 1962

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U.S.CUSTOMS BROKERS ♦ INTERNATIONAL FREIGHT FORWARDERS ♦ IATA AGENTS
NVOCC ♦ CARGO INSURERS ♦ DRAWBACK SPECIALISTS

Credit Application for a Business Account

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account:

Account number:

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be fully paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. If you do not pay the balance when due or breach any other terms of this agreement, we may demand the entire unpaid balance to be paid immediately and, as provide by law, commence any legal action for collections of the balance due. We may also pursue other legal action, deemed necessary or appropriate with respect to the account. You agree to pay reasonable attorney's fees and court costs.
4. You give Ken Hamanaka Co Inc the right to investigate your business credit capacity and credit history. We are authorized to furnish information about the account to the credit reporting agencies and other who may lawfully receive this information.

I have read and understand these terms as stated above, and agree to payment according to these terms

SIGNATURES

Title:
Date:

Title:
Date: