



237 Quail Run Rd Unit A
Bozeman, Montana 59718
(800) 232-6064 • fax (406) 585-5548

Authorization to Release Information

The undersigned has made an application to Kenetrek LLC for a line of credit, and hereby authorizes any bank, other lender or grantor to provide Kenetrek LLC information regarding the character, reputation, financial responsibility and indebtedness of the undersigned, as requested by Kenetrek LLC for the purposes of evaluating the credit line of the undersigned.

The undersigned hereby releases Kenetrek LLC and any other financial institution lender, or grantor of credit from any and all claims or causes of action that may arise, or which he might have by reason of information furnished Kenetrek LLC by a credit reporting agency, financial institution or other lender or grantor of credit.

Name of Business or Individual _____

Signature _____

Title _____

Date _____

APPLICATION FOR CREDIT

NAME OF BUSINESS OR INDIVIDUAL _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ FAX _____

WEBSITE _____ EMAIL _____

ACCOUNTS PAYABLE CONTACT _____ YEARS IN BUSINESS _____

How do you intend to sell product(s)? _____ RETAIL STORE(S) - HOW MANY LOCATIONS? _____

(Check all those that apply) _____ MAIL ORDER CATALOG - (Include sample)

_____ E-COMMERCE WEBSITE - ADDRESS _____

HEREBY applies for credit in accordance with the terms and conditions of:



KENETREK LLC
237 QUAIL RUN RD UNIT A
BOZEMAN, MT 59718
PHONE: 800-232-6064 FAX: 406-585-5548
CREDIT MANAGER: JIM WINJUM

The following information must be provided. It will be held in the strictest confidence.

TYPE OF OWNERSHIP _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR

FEDERAL ID # OR SOCIAL SECURITY # _____ DUN & BRADSTREET # _____

MAJORITY OWNER(S)

1

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	SOCIAL SECURITY NO
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2

NAME	ADDRESS	CITY/STATE/ZIP	PHONE	SOCIAL SECURITY NO
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BANKING INFO

BANK NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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CREDIT REFERENCES

BANK OFFICER/DEPARTMENT _____

1

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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2

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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3

COMPANY NAME	ADDRESS	CITY/STATE/ZIP	PHONE
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I certify that all the information on this form is correct and I fully understand the KeneTrek credit terms and agree to the proper payment in consideration of extended credit.

DATE _____ SIGNED _____

TITLE _____

PLEASE DO NOT WRITE IN THE SPACE BELOW OFFICE USE ONLY

VERIFICATION	REFERENCES CHECKED BY _____	CREDIT APPROVED BY _____
	REFERENCE RESULTS _____	CREDIT REFUSED BY _____
	DATE _____	