



ORGANIC KEIKI NEW ACCOUNT APPLICATION

Ranoa LLC • 245 Kalama Street • Kailua, HI • • orders@organickeiki.com
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Date: _____

Please complete and sign.

GENERAL INFORMATION

Company Name: _____

DBA: _____

Billing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Address/URL: _____

Owner/Partner/Officer: _____ Buyer/Purchasing Manager: _____

Accounts Payable Contact: _____

Shipping Address: _____

City, State, Zip: _____

Form of Business (Check One): Partnership Sole Proprietor LLC Corporation

Fed EIN#: _____

State Sales Tax/Resale No.: _____ Country & State: _____

List three (3) suppliers whom we may contact to verify activity and for credit purposes:

1) _____ 2) _____ 3) _____

BANK INFORMATION

Business Bank: _____

Account#: _____ Person of Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Describe Your Type of Business: _____ Established Date: _____

All information submitted in support of the new account application is true and complete in all respects. My account is subject to a late charge of 1.5% per month (18% per annum) on all past due invoices. Further more, I understand that my orders will not be shipped if my account is past due and that any collection fees (including attorney fees) and related costs will be borne by my account.

I assume personal and individual responsibility and liability, and guarantee payment of all charges due and payable to RANOA LLC, by the company, individual or the corporation listed herein.

Signed by: _____ Title: _____ Date: _____