

**Credit application with NIKA**  
 15105 John J. Delaney Drive Suite 112 Charlotte NC 28277  
 1-800-783-6549 1-800-583-8731 Fax: 775-402-0334

*Company Name:		Doing Business as:		
*Address:	City:	State:	Zip code:	
*No of years in Business:		*No of years at current address:		
*Federal Tax ID:		SSN of Proprietor(s):		
*Proprietor(s) full name(s) in print:		*% Ownership:		

**Trade Reference(s)**

Business Name:	State:	Account no:	Fax number for accounting dep.
1.			
2.			
3.			

**Authorizing Officer**

By signing and returning this application I am asking that my business be enrolled with Nika (DKN Holdings Inc.) for a net account, and I fully understand that my business will be responsible for any collection and finance charges if and when they occur. I certify that I am authorized to sign such application on behalf of my business. I agree to be bound by the terms and conditions set by Nika. I certify that all the statements contained in this application and in any other documentation submitted in support of this application are true and correct. Permission and authorization are hereby granted to Nika, as well as to trade references, Dun and Bradstreet, banks, consumer credit services and to State and Federal government representatives, without regard to whether they are listed herein, to verify, receive, exchange and obtain business and/ or personal credit and other information as part of this application or at any time thereafter in connection with the ongoing application evaluation process, review of activity and/ or collection of any obligation arising from the business relationship. I further agree that neither Nika nor anyone who has furnished any information concerning the business or the undersigned will be responsible for any losses or damages the business nor the undersigned may claim as resulting from said verification, receipt, exchange, or obtaining business and/ or personal credit or other business and/ or personal information.

\*Signature of authorizing officer and/ or proprietor(s): \_\_\_\_\_

\*Date: \_\_\_\_\_

**Personal Guarantee**

The undersigned in consideration for the extension of credit to said company, hereby agrees to the above terms and conditions and to personally guarantee all liabilities for payment of the corporation's account and further guarantees payment of all monies that become due in accordance with the above terms and conditions.

\*Guarantors Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*Please Print Name \_\_\_\_\_

\*Witness By: \_\_\_\_\_ Date \_\_\_\_\_

\*Printed name of Witness: \_\_\_\_\_

**All stores must sign personal guarantee in order to complete the credit application. No order will be accepted for processing without the personal guarantee signed and dated.**  
**All fields marked \* must be completed.**