



KOB MEMBERSHIP APPLICATION

Application must be completed and Membership Fee received in order to process

KOB Sales Rep Name: _____

Legal Company Name: _____

DBA (If Applicable): _____

Billing Address: _____

Company Phone: _____

City: _____ State: _____

Zipcode: _____

Business Type: Corporative Partnership LLC Sole Proprietorship Nonprofit

Registered in State of: _____

Est. Annual Cabinet Sales: _____

State or Federal ID #: _____

Resale Tax ID # (If Applicable): _____

Business Description: _____

CONTACT INFO

Accurate communications are an essential part of our business together. Please take some time to complete this contact info so we are able to communicate with you and your team properly.

President/CEO/Owner Name: _____

Phone Number: _____

E-mail Address: _____

I am the only contact

Primary Contact Name: _____

Phone: _____

E-mail Address: _____

Additional Contact Name: _____

Phone: _____

E-mail Address: _____

Account Payable Contact Name: _____

Phone: _____

E-mail Address: _____

Interested in boosting your social media presence? Yes No

If yes, who should we contact? Name: _____ Phone: _____

E-mail: _____

I certify the above information is true and submit this information for the purpose of purchasing from KOB Kitchen.

Application prepared by (Please Print Name): _____

Title: _____

Date: _____

Internal Input: _____

INTERNAL USE ONLY

Approved By: _____

Effective Date: _____

Expiration Date: _____

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