



APPLICATION TO ESTABLISH ACCOUNT WITH KITCO, INC.

NAME OF PRACTITIONER OR FIRM

\_\_\_\_\_

IF PRACTITIONER IS IN A LAW FIRM, PLEASE STATE THE NAME OF THE FIRM.

\_\_\_\_\_

<b>Billing Address</b>	
City	
State	
Zip	

<b>Physical Address</b>	
City	
State	
Zip	

TELEPHONE NUMBER \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDITIONAL INFORMATION IF REQUIRED

Submission of this form constitutes acceptance on the part of the applicant of Kitco's charge account and billing policies.

Signed:

\_\_\_\_\_

Dated:

\_\_\_\_\_