

CREDIT/ACCOUNT APPLICATION

** Please assist us in processing your application quickly by providing all the information requested. Applications must be signed to be processed.*

BUSINESS INFORMATION

Trade Name / Corporation Name:	Company Type: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner		
	Account Terms Desired: <input type="checkbox"/> Open Net 30 <input type="checkbox"/> C.O.D <input type="checkbox"/> Credit Card		
Billing Address:	Shipping Address, if different:		
Phone:	Is this a residential address? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Fax:	Date Business Established:		
E-mail:	Federal ID #	Resale Tax #	

AUTHORIZED OFFICER OR OWNER (Include social security number(s) and home addresses for sole owner or all partners)

Name:		
Title:	Social Security #	
Home Address:		
Phone:	FAX:	E-mail:

BANK REFERENCE AND AUTHORIZATION

Bank Name:	Account #	Bank Officer:
Address:		
Branch:	Phone:	FAX:

CREDIT REFERENCES Please list 3 active trade references, include account number.

1. Name:	Account #	Phone:
Address:		
2. Name:	Account #	Phone:
Address:		
3. Name:	Account #	Phone:
Address:		

TERMS AND CONDITIONS

Before an account is opened with net 30 day terms, the applicant MUST BE APPROVED by MONARCH MOULDING'S Credit Department, and MUST AGREE to MONARCH MOULDING'S then current Standard Terms and Conditions of Sale.

I agree to pay all debts incurred within terms. Should the debt become past-due, I agree to pay finance charges at the rate of 1-1/2% per month (18% annual rate) on all past due balances. I further agree to pay reasonable collection costs and/or attorney fees incurred in connection with the collection of this account.

This application must be signed to be processed.

X

Duly Authorized Signature

Print Name

Title (Sole Owner/ Partner or Officer)

Date

FOR OFFICE USE ONLY

ACCT.#	Date Approved	Approved by	Credit Limit
--------	---------------	-------------	--------------