

Credit Application

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Proprietorship _____ Partnership _____ Corporation _____
Date Established _____ Monthly Credit Limit Requested \$ _____
President/Owner _____
Accounts Payable Contact _____

Bank Reference

Bank Name _____ Account # _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Trade Credit References

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

- In consideration for being extended credit, the undersigned agrees to comply with the procedures below:**
1. If granted credit, our business agrees to pay all invoices within MVTL terms of **Net 15 days**.
 2. Our business is financially sound and able to meet all financial obligations.
 3. It is agreed that our business will pay 1.5% interest per month, which is 18% yearly for all past due balances.
 4. It is agreed that our account will become a **cash account** if we fail to pay invoices within the above stated terms, or if we exceed our credit limit.
 5. Failure or delay of third party payment does not relieve our business of obligation to pay within above stated terms.
 6. We agree to pay all attorney and/or collection fees in the event of our business defaults on payment.

I have read and agree to the terms above.

Signature Title Date

FOR CREDIT DEPARTMENT USE ONLY

Credit Limit \$ _____ Approved By _____ Date _____
