

# CREDIT APPLICATION



## BUSINESS CONTACT INFORMATION

Full Legal Name / Business Entity		Date Business Commenced	
Business Phone		Entity Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
Business Fax			
Email			
Registered Company Address City, State, ZIP Code			

## BUSINESS CREDIT INFORMATION

Principal(s) / Authorized Officer(s)		Title(s)	
Contact Person with Regards to PO's		Previous Address (if less than 12 months at current)	
Contact Person's Phone		# of Employees at Location	
Contact Person's Fax		Taxpayer ID Number	
Email to Receive Confirmations		Number of Locations	
Est. Purchase Volume / Month		Company's Annual Sales	
If Subsidiary, Name of Parent Co			

## BANK / TRADE REFERENCES (PLEASE COMPLETE ALL FOUR)

Bank Name		Contact Person	
Street Address		Phone	
City, State, ZIP Code		Fax	
Account #		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Company Name		Phone	
Street Address		Fax	
City, State, ZIP Code		Email	
Account/Customer #		Contact Person	
Company Name		Phone	
Street Address		Fax	
City, State, ZIP Code		Email	
Account/Customer #		Contact Person	
Company Name		Phone	
Street Address		Fax	
City, State, ZIP Code		Email	
Account #		Contact Person	



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## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Mountain Accessories, Inc. dba Mountain Plumbing Products to make inquiries into the banking and business/trade references that you have supplied.
4. SIGNATURE REQUIRED

## SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	