

Type of Ownership	
Corporation:	<input type="checkbox"/> "LLC" <input type="checkbox"/> "S" <input type="checkbox"/> "C"
<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership
<input type="checkbox"/> Non-profit	<input type="checkbox"/> Other

CREDIT APPLICATION

Please Print

Legal Company Name _____ **Year Established** _____
Address _____ **Phone #** _____
City, State, Zip _____ **Fax #** _____
D & B# _____ **EIN# or SS#** _____ **Internet address** _____
A/P Contact Name _____ **E-mail** _____
Does your company require Purchase Orders: Yes _____ No _____ **Requested Credit Limit** _____

BANK REFERENCE

Bank Name _____ **Street Address** _____
Contact Name _____ **City, State, Zip** _____
Acct #s _____ **Phone #** _____ **Fax #** _____

THREE MAIN TRADE SUPPLIERS

Company Name _____ **Street Address** _____
Contact Name _____ **City, State, Zip** _____
Acct #s _____ **Phone #** _____ **Fax #** _____

Company Name _____ **Street Address** _____
Contact Name _____ **City, State, Zip** _____
Acct #s _____ **Phone #** _____ **Fax #** _____

Company Name _____ **Street Address** _____
Contact Name _____ **City, State, Zip** _____
Acct #s _____ **Phone #** _____ **Fax #** _____

ATTACH A COPY OF YOUR LATEST FINANCIAL STATEMENTS.

ATTACH A SALES TAX EXEMPTION OR DIRECT PAY SALES TAX PERMIT FOR ALL SHIP TO STATES, AS APPLICABLE.

This application and information contained herein is a request for extension of credit for commercial business use only. Applicant certifies that the firm represented is doing business as a corporation, partnership or sole proprietorship. The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit-reporting agency. The applicant further authorizes any bank or commercial business with which applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist credit status from time to time as the creditor deems necessary. **Application must be signed to be processed.** If credit is extended I agree to pay all debts incurred within terms of sale and be subject to all terms and conditions of MCPC. I further agree to pay all reasonable collection cost and/or attorney fees incurred in connection with collection of this account. Account is subject to a late fee of 1.5% monthly for all accounts past due, where applicable by law.

Print Name _____ **Title** _____

Signature _____ **Date** _____

Print Names of Principals _____

Continuing Personal Guaranty

Print Name _____ **Phone #** _____ **Soc. Sec. #** _____

Street Address _____ **City, State, Zip** _____

Signature _____ **Date** _____

PLEASE E-MAIL APPLICATION WITH TAX EXEMPTION FORM(S) TO corporatecredit@mcpc.com OR FAX TO (440) 846-4922.