

5117 Commercial Circle Concord, CA  
94520 ph 925-798-7525 fax  
925-566-3324



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ph 650-648-0300 fax 650-648-0301

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1987 Russell Ave. Santa Clara, CA 95054  
ph 408-748-6968 fax 408-748-6967

## CREDIT APPLICATION

Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A/P Contact \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

How long in business? \_\_\_\_\_ How long at this address? \_\_\_\_\_

Amount of credit desired per month? \_\_\_\_\_ Contractor's License \_\_\_\_\_

### REFERENCES:

1) Bank name \_\_\_\_\_ Account # \_\_\_\_\_

Branch Address \_\_\_\_\_

### 2) Trade

a) Name \_\_\_\_\_ E-mail/Fax \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

b) Name \_\_\_\_\_ Email/Fax \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c) Name \_\_\_\_\_ Email/Fax \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PRINCIPLE(S)

Please list names, home addresses, and home phone numbers of owner/partner/officer(s):

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The above references may accept copies of this application as authorization to release credit or financial information on my/our account. I/We certify that all information on this form is correct. If credit is granted I/We promise to pay bills when rendered as per The Moulding Company's terms, including any finance/service charges incurred. In the event payment is not made and my/our account is referred to a collection agency, I/We will pay all cost of collection. If legal action is required I/We will pay reasonable attorney's fees resulting from such action.

### For Corporations:

The undersigned being \_\_\_\_\_ (Title) of the applicant corporation(ies)(do) hereby agree to above terms and conditions and assumes personal responsibility for payment of said corporation's account. It is understood that credit would not be extended to said corporation without the assumption of liability.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_