

REMIT TO ADDRESS:
5117 Commercial Circle Concord, CA 94520
PHONE 925-798-7525 FAX 925-566-3324

1987 Russell Ave. Santa Clara, CA 95054
PHONE 408-748-6968 FAX 408-748-6967

454 S. Airport Blvd. South San Francisco, CA 94080
PHONE 650-648-0300 FAX 650-648-0301



CREDIT APPLICATION - In applying for an open account in accordance with your regular terms of Net 15, we submit the following information.

(PLEASE PRINT)

COMPANY NAME _____

BUSINESS ADDRESS _____ CITY _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

PRINCIPLE(S) OWNER, PARTNERS, OR SHAREHOLDERS:

NAME _____ STREET _____ CITY _____

ZIP _____ PHONE _____

NAME _____ STREET _____ CITY _____

ZIP _____ PHONE _____

BUSINESS IS: INDIVIDUAL OWNER PARTNERSHIP CORPORATION

YEAR ESTABLISHED _____ HOW LONG AT PRESENT LOCATION? _____ RESALE # _____

NAME OF PURCHASING AGENT OR AUTHORIZED BUYER _____ E-MAIL _____

AP CONTACT : _____ E-MAIL _____

REQUIREMENTS ON INVOICES: WRITTEN PURCHASE ORDERS VERBAL PURCHASE ORDERS JOB IDENTIFICATION

CONTACT PERSON _____ CREDIT AMOUNT REQUESTED _____

TRADE AND BANK REFERENCES (LIST ONLY FIRMS YOU PURCHASE FROM ON ACCOUNT- **MUST BE TRADE RELATED)

T R A D E
NAME _____ PHONE () _____ E-MAIL _____
ADDRESS _____ CITY _____ ZIP _____

T R A D E
NAME _____ PHONE () _____ E-MAIL _____
ADDRESS _____ CITY _____ ZIP _____

T R A D E
NAME _____ PHONE () _____ E-MAIL _____
ADDRESS _____ CITY _____ ZIP _____

B A N K
BANK REFERENCE _____ BRANCH _____ CONTACT _____
 SAVINGS ACCT. # _____ CHECKING ACCT.# _____
OTHER _____

PLEASE READ THE FOLLOWING CLAUSE CAREFULLY AND SIGN.

I understand that The Moulding Company reserves the right to limit or deny future extensions of credit. If credit is granted I/We promise to pay bills when rendered as per The Moulding Company terms, including any finance/service charges incurred. In the event that this account must be placed in the hands of an attorney to enforce payment, I agree to pay all court costs, including, but not limited to, reasonable attorney's fees. I hereby give authorization to release bank information to The Moulding Company.

SIGNED X _____ TITLE _____

If a corporation, I personally guarantee payment for all purchases made by applicant. I hereby agree to the 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 corporations without the assumption of liability.

SIGNED X _____ DATE _____