

## M & D Coatings, Inc. P. O. Box 280033 Memphis, TN 38168-0033

Ph: (901) 353-3066 Fax: (901) 353-3664 www.mdcoatings.com

## **APPLICATION FOR CREDIT**

Company Name:		·		Date:	
Billing Address:					
City:					
Phone:			Fax:		
☐ Corporation FEIN:		☐ Partnership			
	☐ Sole Proprietor	SSN:			
State Tax ID#:		If Tax Exempt	t, a Resale	Certificate must b	e provided.
Owner/Officer Name:				SSN:	
Address:				Phone: _	
Owner/Officer Name:				SSN:	
Address:				Phone: _	
Nature of Business:					
Date Established:		Date Incorporated:		State:	
Trade References:					
Name:		Phone:		Fax:	
Address:		City:		State:	Zip:
Name:		Phone:		Fax:	
Address:		City:		State:	Zip:
Name:		Phone:		Fax:	
Address:		City:		State:	Zip:
Bank References:					
Bank Name:		Repre	sentative: _		
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See page two (2) for Credit Policy and Required Signatures.

## **CREDIT POLICY**

- 1. Terms are 1%-10 days, Net 30 days. (1% may be deducted from the invoice if paid within 10 days from date of the invoice. All invoices are due 30 days from date of the invoice.)
- 2. Past due invoices will be assessed a finance charge of 1.5% per month, or the maximum rate authorized by law.
- 3. Non-current accounts will be placed on a COD basis at our option and all invoices then become due and payable prior to any further deliveries.
- 4. In the event that an account is not paid when due, and the account is referred to a collection agency, attorney, or any other individual or entity serving in that capacity, and thereafter the account is paid, the applicant agrees that the applicant will pay, in addition to the balance of the account, an amount equal to the reasonable collection fee charged by the collecting entity, attorney, or individual or adjudged by the court as reasonable attorney's fees and costs be allowed the plaintiff in suit or action, and if an appeal is taken, the applicant further promises to pay such sums as the appellate court shall adjudge reasonable as if any suit is brought to enforce any part of the terms of sale herein.

I have read and do accept the terms and conditions of sale as set forth on this application. I certify that the above information is true and correct to the best of my knowledge and authorize you to investigate all sources listed on this application.

In submitting this application I personally guarantee payment of all charges.

This is a continuing guarantee and shall continue so long as credit is extended to this account, debt or obligation is open. Furthermore, I authorize you to investigate my personal credit records.

Please note all information must be completed on this application and signed by the company owner or a corporate office for consideration of open account.

Company Name	
Owner or Corporate Officer	Title
Signature	
Date	