

MPP Group of Companies

Credit Application

nerickson@mppgroup.com

480-333-4422 Office

888-761-8713 Fax

Date:

Company name:

DBA (if different):

Address City/State/Zip:

Billing address if different:

Contact person:

Phone :

E-Mail:

Shipping address if different:

Federal tax ID or Social Security number:

Type of business:

Date business established:

State of Incorporation:

Types of finishes/processes you will require:

Amount of credit requested \$ (Include current financial statement if over \$15,000):

INDIVIDUAL PARTNERSHIP PUBLIC CORP PRIVATE CORP
 OTHER

Names, titles, and addresses of your three chief corporate officers:

Are you sales tax exempt? No Yes **State Tax Exempt #** _____

State: _____

(furnish sales tax exemption form if applicable)

Have you ever had credit with us before? No Yes

If yes, under what name?

Purchasing contact/phone:

E-Mail:

Accounts Payable contact/phone:

E-Mail:

Shipping-Receiving contact/phone:

E-Mail:

Purchase order required? No Yes

TRADE REFERENCES (please list PLATERS, PAINTERS, METAL SUPPLIES, ETC.)

Reference #1

Name: _____
Address: _____
Phone: _____ **Fax:** _____

Reference #2

Name: _____
Address: _____
Phone: _____ **Fax:** _____

Reference #3

Name: _____
Address: _____
Phone: _____ **Fax:** _____

BANK REFERENCES

Bank #1

Account #: _____
Phone: _____ **Contact Person** _____
Name of Bank _____
Address _____

TERMS: NET 30

Shipping: F.O.B. MPP plant. If shipping Insurance is needed, you must declare and state on P.O. and packing slip to MPP. The undersigned certifies the above information to be correct, that it is submitted for the purpose of obtaining credit, and agrees to all the above conditions of sale of MPP and furthermore certifies that he/she has read and accepts the Standard Terms and Conditions ([included on the customer login page of MPP's web site at http://mppgroup.com](http://mppgroup.com)). In the event of any inconsistencies between terms on buyers purchase and the terms set forth, the terms of the Standard Terms and Conditions shall prevail.

Authorized signature: _____

Printed name: _____

Title: _____

Date: _____