

**PLEASE FILL OUT COMPLETELY AND SIGN TO ESTABLISH NET 30 DAY CREDIT TERMS**

Desired Credit Limit \$ \_\_\_\_\_

Company Name \_\_\_\_\_

D/B/A \_\_\_\_\_

Bill to Address \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_

Owner(s)/President \_\_\_\_\_

Accts. Payable Contact \_\_\_\_\_

AP Phone & Fax # \_\_\_\_\_ / \_\_\_\_\_

AP E-mail Address \_\_\_\_\_

Banking Institution \_\_\_\_\_

Acct. Numbers \_\_\_\_\_

Contact \_\_\_\_\_

Phone & Fax # \_\_\_\_\_ / \_\_\_\_\_

Years in Business \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_

Annual Sales \$ \_\_\_\_\_

Net Worth \$ \_\_\_\_\_

Number of Employees \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

**\*Please attach reseller's certificate\***

Company Structure

Sole Proprietorship

Corporation (state \_\_\_\_\_)

Partnership

LLC

**For Office Use Only**

Account # \_\_\_\_\_

Credit Limit \_\_\_\_\_

Approved By \_\_\_\_\_

**THREE TRADE REFERENCES REQUIRED –**

Trade Reference # 1	Trade Reference # 2	Trade Reference # 3
Account Number _____	Account Number _____	Account Number _____
\$ _____ Annual Purchases	\$ _____ Annual Purchases	\$ _____ Annual Purchases
Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____
Contact _____	Contact _____	Contact _____

I authorize the release of the above information to MK Direct for credit purposes only. In order for MK Direct to grant me credit, I give permission for my credit to be checked as required for that purpose. Credit terms are net thirty (30) days from the date of invoice. Interest will be charged at 1.5% per month on items over thirty (30) days. If my account is referred for collection, I agree to pay all billing and collection costs and a reasonable attorney's fee. All the above is true and terms are accepted.

**Print Officer's Name** \_\_\_\_\_

**Officer's Title** \_\_\_\_\_

**Officer's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_