

MOLD & DIE TECHNOLOGY LLC
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www.Moldshoptools.com

APPLICATION FOR CREDIT

This information is submitted in strict confidence and will be used expressly to determine credit worthiness.

COMPANY NAME _____
BILLING ADDRESS _____
CITY, STATE, ZIP CODE _____
(AREA CODE) PHONE # _____
E-MAIL _____

PRINCIPAL OFFICER(S) OR OWNER(S)

TITLE

TYPE OF COMPANY

() CORPORATION TAX I.D. # OR SOCIAL SECURITY # _____
() PARTNERSHIP YEARS IN BUSINESS _____
() PROPRIETORSHIP NUMBER OF EMPLOYEES _____

TAX EXEMPT? _____ YES _____ NO _____ IF YES, Attach Tax Exempt Certificate, otherwise tax **MUST** be billed. The following information must be provided. It will be held in the strictest confidence.

ACCOUNTS PAYABLE CONTACT

NAME _____ TITLE _____
(AREA CODE) PHONE # (_____) _____

BANK REFERENCE

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(AREA CODE) PHONE # _____
EMAIL _____
CONTACT NAME _____ TITLE _____
ACCOUNT NUMBER _____ TYPE _____
ACCOUNT NUMBER _____ TYPE _____
COMMENTS/REMARKS _____

TRADE REFERENCES

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(AREA CODE) PHONE # _____
EMAIL _____
COMMENTS/REMARKS _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(AREA CODE) PHONE # _____
EMAIL _____
COMMENTS/REMARKS _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
(AREA CODE) PHONE # _____
EMAIL _____
COMMENTS/REMARKS _____

AMOUNT OF OPEN ACCOUNT CREDIT REQUESTED: \$ _____

Open Account Credit Terms are a privilege. Customer agrees to conform to Payment Terms. In the event that collection proceedings are initiated to secure delinquent accounts, the customer will be responsible for all collection charges (collection agency and attorney's fees, and court costs). I hereby authorize MoldShopTools.com to contact the above references to obtain information necessary to process this application. I certify that the information on this application is true and complete.

BY _____
SIGNATURE **TITLE**

FOR _____
PRINT COMPANY NAME **DATE**