

AdhesiveCentral.com

A division of MPI

797 W. Commercial Ave.
P.O. Box 368
Lowell, IN 46356

Phones: 219-696-6411
800-523-2367
Fax 219-696-6413

CREDIT APPLICATION

Company Name _____
Mailing Address _____
City _____ State ___ Zip _____

Ship to Address _____
(if different) _____
City _____ State ___ Zip Code _____

Phones:
Purchasing (____) _____ Email _____
Shop (____) _____
Accounts Payable (____) _____

Fax (____) _____ ___Corporation ___Proprietorship ___Partnership

Owner or President _____ Title _____
Social Security or Federal ID Number _____

Years in Business _____ Nature of Business _____
Bank Name _____ Checking Account No. _____
Address _____

We need three current sources of supply with whom you do business with on an open, 30 day account. Please do not use banks, credit card companies or secured loans as references.

	Name	Phone	Fax	Acct #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Terms of payment are net 30 days. **A 10% surcharge applies to all orders.** Past due invoices are subject to a 1-1/2% monthly service charge. Credit privileges are revoked if consistently past due. Minimum invoice charge is \$50.00. Costs of collecting money due and owing on this account, including court costs and attorney fees, will be charged to the debtor. In making this application, the customer agrees to these terms.

Signature _____ Title _____ Date _____