

# MAYDAY GROUNDING, INC.

8181 Commonwealth Avenue, Buena Park, CA 90621-3302  
714-523-0022 • 714-523-0224 FAX

## CREDIT APPLICATION

Complete Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(If different than above)

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Check one:  Corporation  Partnership  Individual/Sole Ownership  Other \_\_\_\_\_

How long in business? \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Name(s) of Owner(s)/Officer(s)/Partner(s): \_\_\_\_\_ Accounts Payable Contact: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Name: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Social Sec./Fed ID #: \_\_\_\_\_ Credit amount requested: \_\_\_\_\_

Dun & Bradstreet #: \_\_\_\_\_ Approx. value of first order: \_\_\_\_\_

Resale #: \_\_\_\_\_ Contractor License: \_\_\_\_\_

(Please provide copy of resale certificate)

### Trade References (applications will NOT be considered without FAX numbers.)

1. Co. Name: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Co. Name: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Co. Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

### AGREEMENT

*In consideration of being allowed the privileges of an open account, the undersigned agrees to abide by the terms of **Net 30 Days**, unless otherwise agreed prior to purchase. If payment is not received after **45 days** of invoice date, a credit hold may be implemented, shipments may cease, and a negative report may be submitted to Dun & Bradstreet. It is further agreed that in the event the account becomes delinquent, the undersigned will pay the full amount, plus 1 ½ % finance charge (18% APR) per month charged on all overdue balances. In the event payment is not made and this account is referred for collection, the undersigned agrees to pay all costs of collection. If suit is instituted, the undersigned agrees to pay all reasonable attorney and court costs. The undersigned authorizes inquiry as to bank/credit information. The undersigned, also acknowledge that credit privileges, if granted, may be withdrawn at any time.*

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

Authorized Signature

\_\_\_\_\_

Print Name