

BUSINESS CONTACT INFORMATION

Full Legal Name/Business Entity		Date Business Commenced	
Business Phone		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Business Fax			
E-mail			
Registered Company Address City, State, ZIP Code			

BUSINESS AND CREDIT INFORMATION

Principal(s)/Authorized Officer(s)		Title(s)	
Contact Person with Regards to PO's		Previous Address (if less than 12 months at current)	
Contact Person's Phone		# of Employees at Location	
Contact Person's Fax		Taxpayer ID Number	
E-mail to Receive Confirmations		Number of Locations	
Est. Purchase Volume/Month		Company's Annual Sales	
If Subsidiary, Name of Parent Co			

BANK/ TRADE REFERENCES (PLEASE COMPLETE ALL FOUR)

Bank Name		Contact Person	
Street Address		Phone	
City, State, ZIP Code		Fax	
Account #		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other
Company name		Phone	
Street Address		Fax	
City, State, ZIP Code		E-mail	
Account/Customer #		Contact Person	
Company name		Phone	
Street Address		Fax	
City, State, ZIP Code		E-mail	
Account/Customer #		Contact Person	
Company name		Phone	
Street Address		Fax	
City, State, ZIP Code		E-mail	
Account/Customer #		Contact Person	



AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Mountain Accessories, Inc. dba Mountain Plumbing Products to make inquiries into the banking and business/trade references that you have supplied.
4. SIGNATURE REQUIRED
5. IF INCORPORATED FOR MORE THAN ONE YEAR, PLEASE SIGN BELOW.
6. If you have not been incorporated for more than one year, please refer to the Personal Guaranty Section Below.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

PERSONAL GUARANTY

THIS SECTION MUST BE COMPLETED IF: (1) A SOLE PROPRIETORSHIP; (2) A PARTNERSHIP; (3) A PROFESSIONAL; (4) INCORPORATED FOR LESS THAN 1 YEAR.

I agree that if my business has been incorporated for less than one year, unincorporated, a sole proprietorship, a partnership, or a professional I authorize Mountain Accessories or its agents to investigate my personal credit, financial credit, including bank records. I understand that my personal credit bureau report may be requested by Mountain Accessories to partake in the investigation of my financial records. I agree to personally guarantee the payment of the debt.

First Name & Middle Initial		Last Name	
Social Security Number		Present Home Address	
Authorized Signature		Print Name and Title	
Date		Home Phone Number	

