

Moran Supply

PO Box 3088 • 415 40th Street, Oakland, CA 94609
510.652.7437 • Fax 510.652.7499

PLEASE TYPE OR PRINT. WHEN COMPLETE, FAX TO 510.652.7499

Account Name _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Business is: Individual Owner Partnership Corporation

Legal Owner _____ Soc Sec No _____

Other Affiliated Companies _____

Address _____ City _____ Phone () _____

How Long Business Established _____

Prior Business Experience _____

Type of Business _____ Cont Lic No _____

Estimated Net Worth _____

Bank Reference _____ Branch _____

Address _____ City _____ Phone () _____

Account No _____ Checking Loans Commercial Acct Savings

1. Account Name _____ City _____

Address _____ Phone () _____

2. Account Name _____ City _____

Address _____ Phone () _____

3. Account Name _____ City _____

Address _____ Phone () _____

Have You Ever Failed in Business? _____

Date of Application _____ Applicant's Title _____

CREDIT APPLICATION

In applying for open account credit in accordance with our regular terms of 2% -10th prox, net 25th, we submit the following information and financial statement

CREDIT TERMS

All information and representations in this credit application are correct and complete. I will inform Moran Supply immediately by certified mail to: Credit Dept., Box 3088, Oakland, CA 94609 of any changes to this information or to my financial status, or my interest or position in any partnerships or corporations which purchase materials from Moran Supply. I understand that credit will not be granted in excess of regular terms and I agree to pay a late charge of 2% per month (24% annually) on purchases not paid by the 25th of the month after purchases are made.

I understand that my account may be put on credit hold if not paid by the 25th of the month following purchases. I agree to pay a \$15 service charge on all returned checks. I understand that my account may be referred to a collection agency or attorney if not paid within 60 days. I agree to pay all court costs and expenses of collecting past due accounts, including but not limited to all actual attorney fees and court costs incurred by Moran Supply.

I hereby give my consent to have Moran Supply obtain information regarding my employment, checking and/or savings accounts, and all other credit matters. A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature of the order signed may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

For valid consideration and in consideration for any extension of credit to me, I personally guarantee payment for all future purchases made by me, made by any partnership of which I am a partner at the time that said purchases are made, or made by any corporation in which I am an officer or in which I hold stock when said purchases are made.

I/We certify that the above information is true and correct. I/We fully understand your credit terms, and agree to the proper payment in consideration of credit extended.

*

Applicant's Signature _____

_____ Date

*

Applicant's Signature _____

_____ Date

When Complete, Please Fax to 510.652.7499