



CREDIT APPLICATION

**PLEASE FILL IN COMPLETELY
PLEASE PRINT OR TYPE**

FOR OFFICE USE ONLY

MSDS CODE	SALESMAN	STORE
CREDIT LIMIT	CUSTOMER NO.	

YOUR NAME LAST	FIRST	MIDDLE	CELL PHONE
COMPANY NAME OR EMPLOYER			PHONE NO.
STREET ADDRESS	CITY	STATE	ZIP
BILLING ADDRESS	CITY	STATE	ZIP

NAME AND ADDRESS OF PARTNERS OR CORPORATE OFFICERS

NAME	ADDRESS	PHONE NO.
1.		
NAME	ADDRESS	PHONE NO.
2.		
NAME	ADDRESS	PHONE NO.
3.		

SOCIAL SECURITY NO. OR COMPANY ID. NO.

SOCIAL SECURITY AND/OR FED. ID. NO.	INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>	TYPE OF BUSINESS	YEARS IN BUSINESS?
SALES TAX APPLICABLE/YES <input type="checkbox"/> NO <input type="checkbox"/> COPY OF EXEMPTIONS CERTIFICATE MUST BE FORWARDED (TAX MUST BE CHARGED UNTIL VALID CERTIFICATE IS RECEIVED)	DO YOU USE P.O.'S? HAVE YOU AUTHORIZED PURCHASERS	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	PURCHASING AGENT'S NAMES:
INCORPORATED IN WHAT STATE?	ESTIMATED MONTHLY PURCHASES		
	\$		
PERSON AUTHORIZED TO CHARGE (Account will be restricted to those signers only. Changes must be made in writing to Credit Department)			

TRADE REFERENCES

NAME	ADDRESS	ACCOUNT NO.	PHONE NO.
1.			FAX NO.
NAME	ADDRESS	ACCOUNT NO.	PHONE NO.
2.			FAX NO.
NAME	ADDRESS	ACCOUNT NO.	PHONE NO.
3.			FAX NO.
BANKING REFERENCE		BRANCH	
CHECKING ACCOUNT NO.	SAVING ACCOUNT NO.	BANK CARD NOS.	
NEAREST RELATIVE	RELATIONSHIP	ADDRESS	PHONE NO.

The information listed is for the purpose of obtaining credit, and is warranted to be true. I agree to pay all bills upon receipt of statement or as otherwise agreed. I hereby authorize Monarch Paint and Wallcovering Co., any credit bureau or other investigative agency employed by such person, to investigate the reference listed herein, statements or other data obtained from us or any person pertaining to our credit and financial responsibility

In consideration of extension of credit, we are listing information explaining our Company policy.

- 1) Credit privileges are extended to accounts upon approval of this complete credit application. Credit privileges may be cancelled or suspended without prior notification if account is not properly maintained.
- 2) Our established terms of sale are 1% 10-net 30. The full amount is due and payable within 30 days of the invoice date.
- 3) A service charge of 1.5% per month (18% A.P.R.) will be added to balances past due. No extension of terms or other settlement of debt shall be allowed without specific authorization of the Credit Manager.
- 4) In the event of default, the applicant agrees to pay all collection costs, attorney's fees and court costs.
- 5) Other conditions of sale concerning freight, special orders and returns are disclosed in our full catalog, or may be obtained from our office.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS & CONDITIONS OF SALE.

Date _____ Authorized Signature _____ Title _____
 Print _____

EQUAL CREDIT
OPPORTUNITY BUSINESS

11900 E BALTIMORE AVE., BELTSVILLE, MD 20705
PHONE 301-210-8277 • FAX 301-210-5228