



CREDIT APPLICATION & AGREEMENT

SOLE PROPRIETORSHIP CORPORATION DBA/OFFICIAL NAME: _____

1. Name: _____

2. Business Phone: (____) _____ Business Fax: (____) _____

3. Business Address (PO BOX not accepted) _____
 City: _____ State: _____ Zip: _____

4. E-mail: _____ Website: _____

5. Owner/Officer: _____

6. Social Security Number #: _____

7. Driver's License #: _____

8. Billing Address (PO BOX not accepted) _____
 City: _____ State: _____ Zip: _____

9. Home Phone#: (____) _____ Home Fax#: (____) _____

10. Requested Amount of Credit: \$ _____

11. Preferred Method of Payment: CHECK CASH (WILL CALL ONLY) AMERICAN EXPRESS* DISCOVER* MASTERCARD* VISA*
*FILL OUT ACCOUNT INFORMATION BELOW

*Account#: _____ Exp: _____ Name On Card: _____

BANK REFERENCE

Bank Name: _____ Branch Address: _____
 City: _____ State: _____ Zip: _____ Phone#: (____) _____

Officer/Contact: _____ Account#: _____ Type: Checking Savings

BUSINESS REFERENCES (A minimum of 3 are required)

Business Name: _____ **Address:** _____
 City: _____ State: _____ Zip: _____ Phone#: (____) _____
 Contact Name: _____ Account#: _____ Fax#: (____) _____

Business Name: _____ **Address:** _____
 City: _____ State: _____ Zip: _____ Phone#: (____) _____
 Contact Name: _____ Account#: _____ Fax#: (____) _____

Business Name: _____ **Address:** _____
 City: _____ State: _____ Zip: _____ Phone#: (____) _____
 Contact Name: _____ Account#: _____ Fax#: (____) _____

I AGREE TO MEBULBS TERMS & CONDITIONS:

- A. Terms are net 20 days.
- B. MEBULBS shall have the right to amend the terms and conditions of this agreement by advising me of its intentions to do so.
- C. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if the account is placed in the hands of an agency or attorney for collection or legal action to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.
- D. A service charge of 1.5% per month (18% annual percentage rate) will be applied to all balances unpaid after forty five (45) days.
- E. **If my account is not paid in 90 days, I authorize MEBULBS to charge my credit card for the outstanding balance(s) plus any applicable interest and fees:**

CREDIT CARD TYPE _____ **C.C.#** _____ **EXPIRATION** _____ **CARDHOLDER** _____

I hereby certify that all statements in this application are true and complete and made for the purpose of obtaining credit, and give the right to contact any references listed above. I also certify that MEBULBS has the right to obtain personal credit information as outlined by the Fair Debt Collection Practices Act. Any personal or corporate information obtained will be held in the strictest confidence.

Date: _____
(SIGNATURE of Owner or Person(s) Guaranteeing Payment)

Title(s): _____
(PRINT NAME of Owner or Person(s) Guaranteeing Payment)