

MatsMatsMats.com

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To expedite your application, make sure to include the appropriate fax number for each of your trade references where credit verifications can be faxed!

CREDIT APPLICATION

GENERAL INFORMATION

CONTACT NAME _____ EMAIL _____
NAME OF BUSINESS _____ PHONE () _____ FAX () _____
BILLING ADDRESS (PHYSICAL LOCATION, NO P.O. BOXES) _____
CITY _____ STATE _____ ZIP CODE _____ HOW LONG AT THIS ADDRESS? YEARS _____ MONTHS _____

BUSINESS INFORMATION

SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION IF CORPORATION, EIN IN WHAT STATE? _____
HOW LONG IN BUSINESS? YEARS _____ MONTHS _____ IF NON PROFIT, No. IF TAX-EXEMPT, No.

BANK REFERENCES

BANK NAME _____ BRANCH LOCATION _____ NAME OF BANKING CONTACT _____
PHONE () _____ HOW LONG WITH THIS BANK? YEARS _____ MONTHS _____ CHECKING ACCOUNT # _____

TRADE REFERENCES

NAME _____ PHONE () _____ FAX () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME _____ PHONE () _____ FAX () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME _____ PHONE () _____ FAX () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

NAME _____ PHONE () _____ FAX () _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

If credit is granted (I) (we) promise to pay bills when rendered. (I) (we) understand all invoices are payable net 30 days and that a service charge of 1 1/2% per month will be added to (my) (our) account if delinquent. If the account is referred to a collection agency, (I) (we) will pay all costs of collection. If legal action is required (I) (we) will pay reasonable attorney's fees resulting from such action. (I) (we) authorize the above listed Bank (s) and trade references to release to MatsMatsMats.com any credit or financial information that MatsMatsMats.com may request and further agree if MatsMatsMats.com grants credit to comply with above terms of credit.

Please sign and date this application confirming its terms.

NAME _____ TITLE _____

SIGNATURE _____ DATE _____