

# Missouri Carbide, Inc

13965 Lawrence 2143 Mt. Vernon, MO 65712 • Phone: (800)430-3101 • FAX (417)471-1037

## APPLICATION FOR CREDIT

Firm Name: \_\_\_\_\_ Date established: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address—Shipping: \_\_\_\_\_

---Billing: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Type of business: \_\_\_\_\_ Currently paying bills in \_\_\_\_ days

Ownership: ( ) Proprietorship ( ) Partnership ( ) Corporation Monthly Purchases: \$ \_\_\_\_\_

**TRADE REFERENCES** *(Most companies no longer give financial information verbally; therefore, we process via FAX if numbers are provided = 1 week turn-around, or by mail = 2-3 week turn-around. Incomplete information will delay processing. List four trade references that are current within the last 6 months. Please do **not** list your banking institution as a reference)*

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

FAX: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

The information given on this application is for the sole purpose of obtaining credit with Missouri Carbide, Inc, and is warranted to be true. CREDIT TERMS ARE 3% 10, NET 30. Non-compliance with credit terms may result in credit privileges being disqualified in accordance with our Terms and Conditions.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_