



4800 126th Ave. N. • Clearwater, FL 33762 • (727) 572-8443 • Fax (727) 573-4814

# CREDIT APPLICATION

Company Name: \_\_\_\_\_  
 D/B/A: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Payables contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Type of Business: \_\_\_\_\_  
 Yearly Sales: \$ \_\_\_\_\_ FEIN or SSN: \_\_\_\_\_  
 D&B DUNS No.: \_\_\_\_\_ No. of yrs in business: \_\_\_\_\_  
 Business Phone No.: \_\_\_\_\_  
 Business Type: Sole Owner  Partnership  Corporation

Ship to: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

To obtain credit approval, you must fill out this application completely.  
  
**Attach a signed copy of your Florida Annual Resale Certificate.**

Business Fax No.: \_\_\_\_\_  
 If incorporated, in which state? \_\_\_\_\_

## PRINCIPAL INFORMATION

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
 Drivers License No. \_\_\_\_\_ State: \_\_\_\_\_

## TRADE REFERENCES

PLEASE LIST COMPANIES WITH WHOM YOU HAVE CREDIT TERMS

Company Name: _____ Address: _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____
Company Name: _____ Address: _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____

Company Name: _____ Address: _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____
Company Name: _____ Address: _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____

Applicant acknowledges that the above information is true and accurate and agrees with the terms and conditions in the Section "Credit Agreement" below. The undersigned authorizes inquiry as to credit information, which may include a **Dunn & Bradstreet** credit check. In consideration for MP Direct granting credit to the above company, the Applicant personally guarantees all debts incurred by this company. The Applicant hereby agrees to bind himself or herself to pay MP Direct any sum which becomes due whenever the company fails to pay the same. The Applicant understands this is an absolute guarantee and comes into full force and is effective immediately upon default of payment and shall continue in full force and effect until the full balance due to MP Direct has been paid. In the event of default, The Applicant expressly agrees to waive any objections based on personal jurisdiction.

Applicant's Signature: X \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INTERNAL USE ONLY: REC \_\_\_\_\_ CK \_\_\_\_\_ ORD PENDING \_\_\_\_\_ CR LIM \_\_\_\_\_

## CREDIT AGREEMENT

*This agreement governs the terms and condition under which credit shall be accepted from the Applicant identified above (hereinafter "Applicant") for the purchase of goods from MP Direct (hereinafter "Company"), if the Credit Application is approved. This agreement shall be construed in accordance with the laws of the State of Florida.*

1. **PAYMENT:** All payments under this Agreement are due and payable at 4800 126<sup>th</sup> Avenue N., Clearwater, FL 33762.
2. **COSTS:** Applicant agrees to pay all costs incurred by the Company in collecting any amounts owed the Company hereunder, including reasonable attorney's fees, whether or not suit is brought, and whether incurred in connection with collection, trial, appeal, or otherwise. Applicant also agrees, in the event a check issued to the Company in payment on Applicant's account is returned by the bank for any reason, including, but not limited to, stopped payment, insufficient funds or a closed account, to pay Company the amount of the check plus a service charge of up to five percent (5%) of face value.
3. **CREDIT INVESTIGATION:** Applicant authorizes Company to investigate, from time to time, its credit standing, financial responsibility, and bank references by obtaining credit reports and by making direct inquiries of businesses (including banks) where Applicant has credit or which Applicant had identified in making this Credit Application. Applicant also authorizes Company to furnish information concerning Applicant's performance under this Agreement to persons who may properly receive such information.
4. **NOTICES & AMENDMENTS:** Company may amend this Agreement upon thirty (30) days advance notice to Applicant. Applicant will be bound by the amended terms unless Applicant chooses to cancel the Agreement in writing and any amounts owed Company hereunder are paid in full. Notice to Applicant shall be effective when mailed to the Applicant's last known address. Notice to Company shall be effective when received by Company. This Agreement is effective only upon approval by Company.
5. **INTEREST:** Past due invoices are subject to finance charges of one and one half percent (1.5%) per month.
6. **RESTOCKING FEE:** All refused COD orders are subject to freight charges and a fifteen-dollar (\$15) restocking fee.

Applicant's Signature: X \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_

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

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

### FOR CREDIT CARD CUSTOMERS ONLY

I, \_\_\_\_\_, hereby give MP Direct permission to bill my credit card, number \_\_\_\_\_, expiration date \_\_\_\_\_, for all order costs, including shipping. I further affirm that I am the cardholder and am legally authorized to give permission for this card's use.

Signature: X \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### BANK INFORMATION RELEASE

Banks require the complete account number and an original signature from the account holder in order to release the account information we need to process your account. Therefore please fill in all the blanks below and sign on the designated line. This will enable us to process your application as quickly as possible.

#### PLEASE RELEASE INFORMATION REGARDING MY ACCOUNT TO MP DIRECT, INC.

Bank Name: \_\_\_\_\_

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

Account No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Signature: X \_\_\_\_\_

Bank Fax: \_\_\_\_\_

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

FOR INTERNAL USE ONLY: REC \_\_\_\_\_ CK \_\_\_\_\_ ORD PENDING \_\_\_\_\_ CR LIM \_\_\_\_\_