



409 Parkway Drive • Park Hills, MO 63601. U.S.A. • Ph 314-543-4000 • Fax 314-543-4111

DATE _____

ATTN _____

Email to: Customerservice@mocap.com

APPLICATION FOR CREDIT

Company Information (Billing Address)

Business Name _____ Phone # _____

Street _____ Fax # _____

City, State, Zip _____

D&B # _____ Tax ID # _____

Circle one Proprietorship Partnership Corporation Other (Please describe) _____

SS# of Owner(s) (If other than Corporation) _____

Owner(s) Names _____

Date business started _____ Estimated Annual Sales _____

Exempt Organization Sales Tax Certificate _____

Payables Contact _____ Phone # _____

MOCAP's preferred method of sending invoices is email. Email address for invoices: _____

Bank Reference

Bank Name _____ Phone # _____ Fax # _____

Bank Address _____

Bank Contact _____ Date account opened _____

Trade References (Minimum of 3)

	VENDOR NAME	PHONE NUMBER	FAX NUMBER/EMAIL (REQUIRED)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Credit Terms are 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. Failure to pay entire account balance within 60 days after invoice date will result in suspension of credit privileges. In the event of any default in payment, applicant agrees to pay any and all collection cost, including reasonable attorney's and paralegal's fees, and court cost incurred to collect delinquent balances and such fees shall accrue interest at the foregoing rate; Any action to enforce or construe the terms of this account shall be filed in the Circuit Court of Clayton, Missouri.

Signature/Title

Company

Date

