



Moore's Ideal Products LLC

Customer Credit Application

Fax To: 001-866-599-5044

Email to: engineering@MIPonline.com

Phone: 001-626-339-9007

DATE _____ CREDIT LIMIT APPLYING FOR \$: _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE/PROV _____

ZIP/POSTAL _____ EMAIL _____

CONTACT _____ FAX _____

TELEPHONE _____ Website _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE CORRESPONDENCE FROM MIP:

EMAIL _____ FAX _____ MAIL _____

YEARS IN BUSINESS _____ FEDERAL ID (US) _____

INDIVIDUAL ___ SOLE PROP. ___ PARTNERSHIP ___ INCORPORATED ___ YEAR ___

BANK _____

CONTACT _____ ACCOUNT NUMBER _____

TELEPHONE _____ FAX _____

(please include fax number)

SUPPLIERS NOW EXTENDING CREDIT TO YOUR COMPANY

COMPANY _____

CONTACT _____ FAX _____

TELEPHONE _____ (please include fax number)

COMPANY _____

CONTACT _____ FAX _____

TELEPHONE _____ (please include fax number)

COMPANY _____

CONTACT _____ FAX _____

TELEPHONE _____ (please include fax number)

For the purpose of obtaining goods or services and to open an account, I certify that the above information is correct, and there are no omissions that would materially effect this application. I also authorize the bank and references to furnish such credit information.

We agree to the following terms: Terms are net 30 days.

Invoices unpaid after 90 days may be sent to collections. MIP is entitled to reasonable attorney fees and or collection costs.

SIGNATURE _____ TITLE _____

NOTE: ONLY COMPLETED FORMS WILL BE PROCESSED

Office Use Only :