

CREDIT APPLICATION



200 Orchard Drive
Nicholasville, KY
40356-2357

Please print or type information! Unsigned credit applications will not be processed.

(859) 887-0496 • FAX (859) 887-9491

Company: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Telephone: _____ **Fax:** _____
e-mail: _____ **Years In Business:** _____ **At Address Above Since:** _____
SSN or E.I.N.: _____ **D-U-N-S No.:** _____ **Resale Number:** _____

Type of Business (Sole Owner, Corporation, Partnership): _____

Partners or Corporate Officers:

1 _____
2 _____
3 _____

Name	Title	Address	Phone
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Bank References:

Bank Name and Address: _____
Acct. No.: _____ Contact Person and Phone : _____

Credit References: (Include Company, Address, Phone & Fax Numbers. Fax numbers will expedite credit review.)

1 _____
2 _____
3 _____

Should an account be opened and credit extended the undersigned agrees with the following conditions:

1. **All invoices shall be paid 30 days from invoice date.**
2. A 2% service charge will be added to all outstanding invoices on a monthly basis. Once added to the account these charges are not deductible.
3. Persistent past due accounts will lose account privileges with MBA and future orders will require a credit card or be sent COD, payable with a money order or certified check.
4. The account holder shall be responsible for any legal and collection expenses which may occur should the account become delinquent.
5. There are no lawsuits or judgements pending against the applicant.

I certify that all information in this application is true and is given for the purpose of opening an account:

Signature	Title	Date
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Print Signed Name

Rev. 2018