

The Experts in Specialty Packaging & Distribution of Wire Products

5400 smith RD Brook Park, OH 44142 (800) 967-9697 (216) 267-9080 FAX: (216) 267-9077

CREDIT APPLICATION

Company Name:	ompany Name:			Years in Business:			
Street Address:			Telephone #:				
City, Sate, ZIP:			Fax #:				
				Dun&Bradstreet#			
Europe II. And also and a				Est. Annual Sales:			
Type of Business							
Tax Status Ta	ixable _	_Non-Taxa	ble (Requires resale c	certificate to t	be attached	for each ship-to sta	ate)
A/P Contact:			A/P PI	hone:			
A/P Email:	A/P Fax:						
Invoices to be sent via							
_							
Partners or Corpo							
Name	Title	Ph	one #	Fax #		Email	

Trade References:

Company Name	Account #	Phone #	Fax #	Email

Financial Reference:

Bank Name:	Contact:
Address:	Phone #:
City, State ZIP:	Account #:

Account Agreement and Terms of Sale

The undersigned hereby applies to Malin Co. for credit. It is understood that the undersigned specifically consents to Malin Co. Investigating the applicant's credit history, which may include the use of "Third Party" commercial and/or consumer credit reports for the purpose of extending credit. I authorize my financial institution to release my account information to Malin Co. for the purpose of extending credit. If credit is extended, I understand that Malin Co. Credit terms are Net 30 from the date of invoice. If payment is not made on time, a 1.5% finance charge may be assessed for each 30 day period the amount is past due. Should a lawsuit be instituted to collect past due invoices, the undersigned, in addition to paying the past due invoice amount, will also pay all finance charges and any collection or legal fees incurred.

Applicant's Signature ______ Title _____ Title _____

Date _____