

## Application for Credit

Please complete this application and return the completed document to paul@multicominc.com with a copy of the organization's current financial statement. If your organization is Tax Exempt, a copy of the Tax-Exempt Certificate must be submitted with the completed application and financial statement.

If you have any questions, please contact the Accounting Department at 800-423-2594.

Company Information	
Legal Name of Firm:	Trading As:
Billing Address:	
City/State/Zip:	Country:
Shipping Address:	
City/State/Zip:	Country:
Date Established:	Credit Limit Requested: \$
Dun & Bradstreet Number:	D&B Rating:
Company URL:	Number of Employees:
This Business is a: <input type="checkbox"/> Corporation      Year & State of Incorporation: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other      Explanation: _____	
Federal Tax I.D.:	
Tax Exempt:    Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Tax Exempt, you must supply a copy of your Tax-Exempt Certificate</b>
<b>Please Include Current Financial Statement with Completed Application</b>	

<b>Contact Information</b>	
<b>Accounts Payable</b>	Contact Name:
Phone Number:	Email Address:
<b>Purchasing</b>	Contact Name:
Phone Number:	Email Address:
<b>Receiving</b>	Contact Name:
Phone Number:	Email Address:
<b>Principle/Officer #1</b>	Name:
Title:	Address:
City/State/Zip:	Country:
<b>Principle/Officer #2</b>	Name:
Title:	Address:
City/State/Zip:	Country:

Trade References	
<b>Trade Reference #1</b>	Company:
Customer Number:	Contact Name:
Address:	
City/State/Zip	Country:
Phone:	Email Address:
<b>Trade Reference #2</b>	Company:
Customer Number:	Contact Name:
Address:	
City/State/Zip	Country:
Phone:	Email Address:
<b>Trade Reference #3</b>	Company:
Customer Number:	Contact Name:
Address:	
City/State/Zip	Country:
Phone:	Email Address:

In consideration of Multicom, Inc. extending credit to the applicant, the applicant agrees to pay for all product delivered to, or at the request of the applicant, in accordance with the terms of the invoice.

Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to add other sums due to Multicom, Inc.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Title of Applicant: \_\_\_\_\_

## Customer Consent Form to Release Confidential Bank Information

To Whom It May Concern,

I, \_\_\_\_\_, hereby authorize the release of any pertinent credit information, requested by Multicom, Inc., relative to my account:

Company Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

**Questions? Contact the Multicom, Inc. Accounting Department at 800-423-2594**

**Send completed application to [paul@multicominc.com](mailto:paul@multicominc.com) with a copy of the organization's current financial statement. If your organization is Tax Exempt, a copy of the Tax-Exempt Certificate must be submitted with the completed application. Thank you. We're looking forward to working with you.**