

Missouri Carbide, Inc

13965 Lawrence 2143 Mt. Vernon, MO 65712 • Phone: (800)430-3101 • FAX (417)471-1037

APPLICATION FOR CREDIT

Firm Name: _____ Date established: ____/____/____

Address—Shipping: _____

---Billing: _____

Telephone: _____ FAX: _____

Type of business: _____ Currently paying bills in ____ days

Ownership: () Proprietorship () Partnership () Corporation Monthly Purchases: \$ _____

TRADE REFERENCES *(Most companies no longer give financial information verbally; therefore, we process via FAX if numbers are provided = 1 week turn-around, or by mail = 2-3 week turn-around. Incomplete information will delay processing. List four trade references that are current within the last 6 months. Please do **not** list your banking institution as a reference)*

Business Name: _____

Address: _____

FAX: _____ **Contact Person:** _____ **Department:** _____

Business Name: _____

Address: _____

FAX: _____ **Contact Person:** _____ **Department:** _____

Business Name: _____

Address: _____

FAX: _____ **Contact Person:** _____ **Department:** _____

Business Name: _____

Address: _____

FAX: _____ **Contact Person:** _____ **Department:** _____

The information given on this application is for the sole purpose of obtaining credit with Missouri Carbide, Inc, and is warranted to be true. CREDIT TERMS ARE 3% 10, NET 30. Non-compliance with credit terms may result in credit privileges being disqualified in accordance with our Terms and Conditions.

Signed: _____

Title: _____

Date: _____