



Credit Application and Agreement

1315 Storm Parkway, Torrance, CA 90501 • Tel: 800.421.5830 • 310.539.5221 • Fax: 310.257.2842 • mkdiamond.com • credit@mkdiamond.com

Company Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

P.O. Box/Department: _____ City: _____ State: _____ Zip: _____

Accounts Payable: Name: _____ Email: _____

Accounts Payable: Phone #: _____ Fax #: _____

Sales/Purchasing: Name: _____ Email: _____

Sales/Purchasing: Phone #: _____ Fax #: _____

In This Location: (check one) Owned Leased If Leased: List Lessor: _____

In Present Location Since: _____ Member of: _____ Trade Association(s)

Ownership

This Company is a: (check one) Corporation Proprietorship Partnership

Parent Company Name (if subsidiary): _____ Year Established: _____

President/Owner: _____ State of Incorporation: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Driver's License #: _____

VP/Partner: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Driver's License #: _____

Principle Business of Firm: _____ Federal Tax I.D. #: _____

PLEASE SUBMIT:

1) Resale Certificate

2) Financial Statements - Latest Balance Sheet & Income Statement (we keep this information in strict confidence)

Agreement

The undersigned represents that the information provided herein is true and correct. Authorization is given to MK Diamond Products, Inc., to make inquires as necessary to obtain information and to bank(s) of record to release information regarding the Applicant's account(s). If credit is extended to Applicant, Applicant agrees to pay all invoices according to the terms stated thereon as and when due; to pay a late fee (time-price differential) of one and a half (1-1/2%) percent per month on all amounts past due; and to pay collection costs including reasonable attorney's fees and cost of suit.

Name (Print): _____ Title: _____

Signature: _____ Date: _____



Please Complete Trade & Bank Information (Must Be Provided By Applicant)
CREDIT INFORMATION MUST BE FAXED TO (310) 257-2842

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Bank References

Bank: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____
 Check Account #: _____
 Savings Account #: _____
 Account Representative: _____ Open Credit Line: _____

Trade Information

#1 Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____ Fax #: _____

#2 Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____ Fax #: _____

#3 Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____ Fax #: _____

#4 Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Email: _____ Fax #: _____

Must Be Completed By Sales Representative

Salesman Name: _____ Salesman #: _____

Customer Class: Rental Tile Hardware STAFDA/Construction supply
 Building Material Lapidary Export (if Export which Country) _____

Back Order: Yes No PO# Required: Yes No

Authorized Buyer(s): _____
 Contact: _____
 Special Instructions: _____
 Ship to Information: _____
 Competitive Lines Carried: _____
 Estimated Annual Volume \$: _____
 Sales Representative Signature: _____ Date: _____