



## CREDIT APPLICATION

Bus.: (800) 756-2184  
Fax: (310) 835-5321

1315 E. Watson Center Rd., Carson, CA 90745

www.studiomouldinginc.com

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Ship to Address \_\_\_\_\_ Billing Address \_\_\_\_\_  
City \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Individual ☐ Partnership ☐ Corporation ☐ In Business Since \_\_\_\_\_  
Resale # \_\_\_\_\_ Billing contact \_\_\_\_\_  
"Per your State a signed Resale Tax Certificate is required"  
E-mail Address \_\_\_\_\_ ANTICIPATED MONTHLY PURCHASES \$ \_\_\_\_\_

### COMPANY PRINCIPALS:

**Owner's Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
**Owner's Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
**Owner's Name** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Individual(s) Authorized to Place Orders: (If other than those listed above.)

\_\_\_\_\_  
\_\_\_\_\_

### BANK REFERENCE:

Bank Name \_\_\_\_\_ Checking Acct. # \_\_\_\_\_  
Address \_\_\_\_\_ Savings Acct. # \_\_\_\_\_  
Officer \_\_\_\_\_ Phone \_\_\_\_\_

### TRADE REFERENCES:

(1) Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ \* Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(2) Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ \* Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(3) Name \_\_\_\_\_ Acct. # \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ \* Fax \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*In order to establish credit, the reverse side must be completed and signed.*

Credit Application for \_\_\_\_\_ (Complete if Faxed.)

Parties hereby agree that all purchases made are subject to the following terms and conditions:

1. The undersigned purchaser(s) hereby agree(s) that all amounts due Studio Moulding are normally payable thirty (30) days from the date of purchase unless other terms have been agreed to by the parties.
2. Accounts unpaid beyond thirty (30) days will accrue a 1 ½% per month service charge.
3. The undersigned purchaser agrees to pay Studio Moulding a service charge of \$37.00 for all protested checks returned by their bank. This applies to each occurrence.
4. The undersigned purchaser agrees to notify Studio Moulding by certified mail of any change in ownership of the their business and further agrees to be liable for all purchases by the new owner should the undersigned fail to comply with said notification.
5. The undersigned purchaser hereby acknowledges that the goods and/or services purchased from Studio Moulding are not payable in installments, but are payable in full as stated herein.
6. In the event that this guarantee of payment is executed by more than one person, then in such event, the liabilities and obligations of the undersigned hereunder shall be joint and several and the relative words herein shall be read as if written in plural.

I/we hereby acknowledge that Studio Moulding retains title to all merchandise purchased by me/us, until fully paid for and I/we personally guarantee payment of all indebtedness including legal and court fees to collect same. The submission of this application for credit implies that the applicant(s) grants to Studio Moulding the right to investigate the applicant(s) credit including, but not limited to, the references listed.

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

After completing this Credit Application, please mail or FAX both sides to:

**Studio Moulding, Inc.**  
1315 E. Watson Center Rd.  
Carson, CA 90745

FAX: (310) 835-5321  
[www.studiomouldinginc.com](http://www.studiomouldinginc.com)