Application for Credit

Mor Electric Heating Assoc., Inc. 5880 Alpine NW, Comstock Park, MI 49321, Tel: (800)-442-2581, (616) 784-1121, Fax: (616) 784-7775

In order to open an account for your company this application will need to be signed and returned to us. Pre-printed applications are acceptable, however please make sure that your form answers all the items on this application. Please include fax numbers for your references to expedite processing.

Name of Firm or Individual Street Address		Pho	Phone Number Fax Number	
		Fax		
City, State, Zip Code				
Type of Organization: Con	rporation	Partnership	Proprietorship	
State of Incorporation	_ Federal I.D. #			
Date Business Started//	_ Business Activit	ty		
Annual Sales Volume \$				
ccounts Payable Contact Second A/P Contact				
List all Officers or Partners				
Bank Name Pł				
Address	Contact			
List at least four Trade References- (Nam	ne, Address, Accou	unts Receivable co	ntact, Phone & Fax #)	
1)				
2)				
3)				
4)				
Amount of credit requested \$		Mor Salesman ((If known)	
We certify that all the information on this for	rm is correct and w	e fully understand y	our credit terms are net 30 days. Pa	

due accounts will be charged 1.5% per month (18% annual rate) on the past due balance. Shipments will not be made to accounts over 45 days. Orders will be placed on hold at 60 days and credit will be terminated at 75 days. We further agree to be liable for all legal fees on invoices referred to a collection agency or attorney.

Dated ____/ ___ Signed by: _____ Title _____