



1718 E. Grevillea Ct. Ontario, Ca 91761 Phone: 909.947.8464 Fax: 909-947-3257

### APPLICATION FOR CREDIT

References Checked By: _____	( ) Credit Approved By: _____
Reference Results: _____	( ) Credit Refused By: _____
DATE: _____	
<b>***** CREDIT DEPARTMENT USE ONLY *****</b>	

<b>Legal Name of Business</b>
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<b>Type of Business</b>
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( ) Corporation ( ) Partnership ( ) Individual ( ) Proprietorship ( ) Other-Explain Below ( ) Subsidiary or Division

<b>Address of Business</b>
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<b>City, State, &amp; Zip Code</b>
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<b>Annual Sales</b>	<b>Telephone Number</b>	<b>Fax Number</b>	<b>E-Mail Address</b>	<b>Date Business Started</b>
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If your company is a proprietorship, partnership, or limited partnership please list the names and addresses of the owners and/or those responsible for paying the bills.

<b>Name of Principal(s)</b>	<b>Address</b>	<b>Phone Number</b>
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<b>Banking Information</b>				
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<b>Bank</b>	<b>Bank Officer Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Fax Number</b>
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Bank Account Number(s): \_\_\_\_\_

**References (1)**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
City, State: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Account No: \_\_\_\_\_

**References (2)**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
City, State: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Account No: \_\_\_\_\_

**References (3)**

Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
City, State: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Account No: \_\_\_\_\_

**Bill To Information**

Name: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

**Ship To Information**

Name: \_\_\_\_\_ Attention: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

I/We certify the information provided herein, to the best of my/our knowledge to be true, correct, and complete. Further, I/We authorize and permit MPM Products, Inc. to contact the references provided and/or obtain any credit reports necessary to establish and account. I/We fully understand your credit terms are "NET 30 DAYS" and agree to proper payment in consideration of extending credit.

( ) Check here if COD/CBD is OK until credit is approved.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_



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**Tax Information**

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

Customer Number (Credit Department Use Only) : \_\_\_\_\_

In compliance with Sales and Use Tax Laws it is necessary that we have on file from our customers a Blanket Certificate of Exemption, and Itemized Exemption Certificate, a statement that all purchase are taxable, or a Direct Pay Permit.

Listed below is an exemption certificate, we require that the certificate be completed in its entirety. If you are claiming an exemption on specific products only, there **MUST** appear an itemized list of the particular products to be purchased under the "Description of Specific Products that are Exempt." Failure to provide the necessary information may result in State Sales and Use Tax being charged on applicable future purchases.

Certificate of Exemption, State of \_\_\_\_\_

The undersigned hereby claims the following exemption status on purchases of tangible personal property form MPM Products, Inc.

- All products purchased are for Resale as tangible personal property and/or are used as a component part of a manufactured product to be resold and therefore are exempt.
- Only the following specific products are purchased for Resale as tangible personal property and/or are used as a component part of a manufactured product to be resold and therefore are exempt.

Description of Specific products that are exempt:

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

Does not claim exemption, please charge sales tax.

Direct pay permit. DPP#: \_\_\_\_\_

Sales Exemption #: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

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