



MUM INDUSTRIES INC.

8989 TYLER BLVD

MENTOR, OH 44060

Phone: (440) 269-8177 Fax: (440) 269-4977

Application for Credit

Please review and fill out the information below completely. We will accept forms customized to your business as long as the required information from this document is included. Please review and update your information before sending this application in as we will not be able to approve otherwise.

Company Name: _____ Today's Date: _____
 Date Established: _____ Federal Tax ID: _____
 Type of Business: _____ State: _____
 Credit Limit Requested: _____

Billing Information:		Shipping Information:	
AP Contact Name:		Contact Name:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
All Invoices and Order Acknowledgements will be provided electronically.			
Buyer Contact:			

Company Classification (Check One): OEM Distributor Integrator End User Undefined

Industry / Application: _____

Shipping Terms: Prepay & Add or Collect?: _____

If Collect, please provide carrier and account #: _____

Do you have Central Billing or Individual Billing?: _____

Is your Resale Certificate and/or Tax Exempt form attached?: _____

Bank Reference

Bank Name:		Account Type:	
Address:		Phone:	
Contact:		Email:	

Trade References

Company 1:		Phone:	
Contact:		Fax:	
Email:			

Company 2:		Phone:	
Contact:		Fax:	
Email:			

Company 3:		Phone:	
Contact:		Fax:	
Email:			

Company 4:		Phone:	
Contact:		Fax:	
Email:			

Company 5:		Phone:	
Contact:		Fax:	
Email:			

Signature & Authorization

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided is a complete and accurate representation of the company. The undersigned agrees to Terms and Conditions of MUM Industries and their affiliated companies.

Printed Name: _____

Signature: _____

Title: _____ Date: _____

