



APPLICATION FOR A CREDIT ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name:			
Company address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Date business commenced:			
How long at current address?			
Preferred Shipping and Account#	UPS:	FedEx:	LTL:
Accounting Contact:			
Authorized Buyer:			
Authorized Buyer:			

BUSINESS CREDIT INFORMATION

Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Bank Contact:			
Type of account:	Account number:		
Savings			
Checking			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid within 30 days from the date of the invoice. Invoices past 30 days are subject to 5% service charge.
2. Claims or questions arising from invoices must be made within 5 working days.
3. By submitting this application, you authorize MotionSource International LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: