

Montessori Services
11 West Ninth
Santa Rosa, CA 95401
Toll Free Phone (877) 975-3003
Fax (800) 483-9822

CREDIT APPLICATION/AGREEMENT

Date_____

Firm or Business Name_____

Doing Business As (DBA) _____

Billing Address _____ City _____ State _____ ZIP _____

Shipping Address _____ City _____ State _____ ZIP _____

Phone Number _____ Fax Number _____

E-Mail Address_____

Ownership (Name or Parent Company if subsidiary)_____

Address (if different from above)_____

Federal Tax or Social Security Number _____

Year Business Established _____ At present location since _____

Is business incorporated? _____ If so, under laws of what state? _____

List employees names and titles who can authorize purchase orders for your Company.

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

CREDIT INFORMATION:

Estimated Maximum Credit Desired: \$ _____

Name of Bank _____

Address _____ City _____ State _____ ZIP _____

Telephone Number _____ Account Number _____

CREDIT REFERENCES:

Name _____
Address _____
City, ST _____
Phone Number _____
For How Long _____

Name _____
Address _____
City, ST _____
Phone Number _____
For How Long _____

Name _____
Address _____
City, ST _____
Phone Number _____
For How Long _____

Name _____
Address _____
City, ST _____
Phone Number _____
For How Long _____

I HEREBY WARRANT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND IS FURNISHED FOR THE PURPOSE OF OBTAINING CREDIT. I HEREBY AGREE THAT MONTESSORI SERVICES MAY INVESTIGATE OUR CREDIT RECORD.

IF AN ACCOUNT IS OPENED, THE APPLICANT'S SIGNATURE ATTESTS ACCEPTANCE OF AGREEMENT, FINANCIAL RESPONSIBILITY, AND ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS AND CONDITIONS.

Applicants Name _____
Signature _____
Title _____

Office Use Acceptance by Montessori Services: Date _____ Credit limit _____ Terms _____ Signed By _____ Title _____
