



409 Parkway Drive • Park Hills, MO 63601. U.S.A. • Ph 314-543-4000 • Fax 314-543-4111

DATE \_\_\_\_\_

ATTN \_\_\_\_\_

Email to: [Customerservice@mocap.com](mailto:Customerservice@mocap.com)

**APPLICATION FOR CREDIT**

**Company Information (Billing Address)**

Business Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

D&B # \_\_\_\_\_ Tax ID # \_\_\_\_\_

Circle one Proprietorship Partnership Corporation Other (Please describe) \_\_\_\_\_

SS# of Owner(s) (If other than Corporation) \_\_\_\_\_

Owner(s) Names \_\_\_\_\_

Date business started \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_

Exempt Organization Sales Tax Certificate \_\_\_\_\_

Payables Contact \_\_\_\_\_ Phone # \_\_\_\_\_

MOCAP's preferred method of sending invoices is email. Email address for invoices: \_\_\_\_\_

**Bank Reference**

Bank Name \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Contact \_\_\_\_\_ Date account opened \_\_\_\_\_

**Trade References (Minimum of 3)**

	VENDOR NAME	PHONE NUMBER	FAX NUMBER/EMAIL (REQUIRED)
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

Credit Terms are 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. Failure to pay entire account balance within 60 days after invoice date will result in suspension of credit privileges. In the event of any default in payment, applicant agrees to pay any and all collection cost, including reasonable attorney's and paralegal's fees, and court cost incurred to collect delinquent balances and such fees shall accrue interest at the foregoing rate; Any action to enforce or construe the terms of this account shall be filed in the Circuit Court of Clayton, Missouri.

Signature/Title \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

