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## CREDIT APPLICATION

The following is submitted for your consideration as a basis of extension of credit to us.

Business Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

STREET ADDRESS                      CITY                      STATE                      ZIP

Years in Business \_\_\_\_\_ Fed. I.D.# \_\_\_\_\_ o Partnership o Sole Proprietor o Corporation

**LIST NAME(S) AND ADDRESS(ES) OF OWNER(S) / PARTNERS OR CORPORATE OFFICERS**

NAME/TITLE                      ADDRESS                      CITY/STATE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

BANK NAME                      CONTACT                      ACCOUNT NO.                      PHONE

STREET ADDRESS                      CITY                      STATE                      ZIP

**LIST THREE TRADE REFERENCES THAT YOU ARE PRESENTLY DOING BUSINESS WITH**

Company Name 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS**

1. Our firm is financially able to meet any commitments we make and we expect to pay Minuteman Press invoices according to the current terms as shown on the invoice.
2. The parties hereby acknowledge that the goods and/or services purchased from Minuteman Press are not payable in installments, but are payable in full as states herein.
3. The undersigned purchaser hereby agrees to pay service charge on accounts over 30 days old. These service charges will accrue at the rate of 1 1/2% per month (18 per annum), or the maximum rate allowed by law.
4. The undersigned purchaser hereby agrees that all amounts due for goods and services from Minuteman Press are payable at the location specified by Minuteman Press.
5. The undersigned purchaser agrees to pay, in the event his account becomes delinquent and is turned over to any attorney for collection, reasonable attorney's fees plus all court and attendant collection costs.

Name of Firm or Corporation \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date \_\_\_\_\_ Authorized Signature \_\_\_\_\_

Title (Officer, Partner or Owner)

**AUTHORIZATION TO RELEASE INFORMATION**

I HEREBY AUTHORIZE OUR BANK(S) TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT.

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

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

Authorized by \_\_\_\_\_ Title \_\_\_\_\_