

# MOORLANE SUTTON SUPPLY INC.

-----DISTRIBUTORS OF QUALITY PRODUCTS FOR INDUSTRY-----SINCE 1960

**Mailing: P. O. Box 82036 Okc, OK 73148**

**Shipping: 203 South Klein (1200 West Reno) Okc, OK 73108**

Telephone (405) 236-3591

Fax (405) 236-3592

## CREDIT APPLICATION

Date: \_\_\_\_\_

FEI# 73-1021142

Exact Legal Name of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping: \_\_\_\_\_

\_\_\_\_\_

Principals \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

Type of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

Your Phone Number (\_\_\_\_) \_\_\_\_\_ Your Fax Number (\_\_\_\_) \_\_\_\_\_

Oklahoma Resale/Manufacturers Number \_\_\_\_\_ (with attached copy)

### References

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

Contact Person \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### Trade References:

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### **Authorized Representative/ Personal Guaranty (Required) Please Type or Print**

You Must Be One Of The Following (Check One):

President/Chairman  Vice President  General Partner  Owner/Sole Proprietor  Other Officer

Your Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I understand this will acknowledge that the undersigned grantor owns an interest in this application.** By signing below, I certify that I am an authorized representative of the company with authority to enter into contractual agreements. I understand that this guarantee will secure Moorlane Sutton Supply, Inc. and guarantee in full payment of any and all obligations owed to MSS, Inc. by said company and/or corporation, including but not limited to interest, attorney's fee, or other lawful charges which may become due. Terms: NET 30 days with 1.5% per month finance charge will be added to accounts over 30 days. Merchandise returned without our permission will not be accepted for credit. Goods charged have been carefully checked and we hold a clear receipt from carrier. We are not responsible for loss, damage, or delay. Claims must be made within five days after receipt of goods.

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

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**Now accepting only MasterCard and VISA with a \$30.00 minimum charge.**