

**New Account Credit Application**

**M. I. S. of America, Inc.**

4391 Walden Avenue

Lancaster, NY 14086

**1-800-688-3758**

**1-716-681-3768**

**Fax 716-681-3979**

**APPLICANT:**

Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Tax ID No \_\_\_\_\_ (Include W-9 or Resale Cert.)  
Billing Address (if different from above) \_\_\_\_\_  
Web Site \_\_\_\_\_ Email \_\_\_\_\_

**OWNERSHIP:**

Sole Proprietorship       Partnership       Corporation      State of Incorporation \_\_\_\_\_

Name and Location of Parent Company, if Subsidiary \_\_\_\_\_

**PROPRIETOR, PARTNERS OR OFFICERS:**

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_ Title \_\_\_\_\_

**PERSONNEL AUTHORIZED TO PLACE ORDERS:**

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

**BANK REFERENCES:**

Bank \_\_\_\_\_ Account No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Type Account:     Checking       Savings      Contact \_\_\_\_\_  
Bank \_\_\_\_\_ Account No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Type Account:     Checking       Savings      Contact \_\_\_\_\_

**TRADE REFERENCES:**

1. Name \_\_\_\_\_ Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

The applicant's signature attests financial responsibility and that the information in this application are true and complete, and are provided for the purpose of inducing M. I. S. of America, Inc. to accept the applicant's company check for COD shipments or to establish an open account line of credit. M. I. S. of America, Inc. is hereby authorized to obtain any information it considers necessary to process this request from banks and trade references listed.

**TERMS AGREEMENT:**

- 1. All shipments are COD unless applicant has been approved for an open account. Open account purchases are payable **NET 30 DAYS** from invoice date, unless otherwise agreed in writing.
- 2. If, at any time, for any reason, the applicant is unable to pay for purchases when due. Applicant agrees to pay a service charge of 1½% per month on unpaid balance.
- 3. The applicant promises to pay reasonable attorney fees and all collection costs if suit is filed to enforce this obligation.
- 4. The applicant agrees to pay for freight costs of any shipment if delivery is refused for any reason.

**Signed:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Company Officer)