



Fax completed application to (304) 255-2145

Beckley, WV Branch  
 PO Box 1560  
 Beckley, WV 25802  
 800-642-5160 Phone Toll Free  
 304-252-7305 Phone  
 304-255-2145 Fax

Charleston, WV Branch  
 Kanawha Valley Distribution Center  
 4200 1<sup>st</sup> Ave, Suite 208  
 Nitro, WV 25143  
 304-755-3265 Phone  
 866-557-3265 Phone Toll Free

[www.MabscottSupply.com](http://www.MabscottSupply.com)

304-755-4068 Fax

**APPLICATION FOR CREDIT- BUSINESS**

**CONTACT INFORMATION**

Company or Individual Name:		Date of Application:	
How long in business?	Phone: ( ) -	Fax: ( ) -	
Social Security Number (Individuals Only):		Spouse's Name:	
Mailing Address:		City:	State: ZIP Code:
Ship to Address: (Check one) <input type="checkbox"/> Office <input type="checkbox"/> Shop <input type="checkbox"/> Yard		Do you own? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you lease, please indicate name of Landlord:		Address:	
Phone: ( ) -	Fax: ( ) -	E-mail:	

**BUSINESS AND CREDIT INFORMATION**

Type of business: (Check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Division <input type="checkbox"/> Subsidiary <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture				
If applicant is a Division or Subsidiary, give name and address of parent corporation:				
Current Net Worth: (Check one) <input type="checkbox"/> 10M and Under <input type="checkbox"/> 11-25M <input type="checkbox"/> 26-50M <input type="checkbox"/> 51-100M <input type="checkbox"/> Over 100M				
Names of officers/partners/owner:	Residence Address:	Title:	Interest in Business:	
Purchasing Agent:		Accounts Payable Contact:		
Special Billing Instructions (PO Required)?		Release Number Required?		
Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, attach copy of the State Exemption Certificate)			Federal ID Number:	
Dun & Bradstreet Number:		Credit Amount Requested (Monthly): \$		
Bank Information: List all banks and finance companies with whom you have dealt or are dealing:				
Name:	Street Address:	City:	State: ZIP:	Phone: Account No:

**BUSINESS/TRADE REFERENCES**

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone: ( ) -	Fax: ( ) -	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

**AGREEMENT**

**Mabscott Supply Company Credit Policy:** Purchase- Cash at time of sale. Equipment rental- Rental charges in advance of rental period. Credit terms- New accounts must be acknowledged in writing before open accounts are established. All new accounts are subject to C.O.D. until credit is approved. Charge accounts must pay according to credit terms which are "Net 30." A service charge of 1% per month or 18% annually will be assessed against any past due balance. Minimum service charge is \$5.00 per month. Terms are subject to change upon notification by Mabscott Supply Company. Mabscott Supply Company may require principal of corporations to give personal guarantee of the account.

This undersigned acknowledges and agrees to comply with all Mabscott Supply Company's terms and to any additional billed charges made by Mabscott Supply Company due to non-compliance. When signing this application, you are agreeing to meet our terms. By signing this application you are authorizing us to secure information from any of the references, Dun & Bradstreet, or any credit bureau, on you and your corporation. Should it become necessary to institute collection proceedings, you are agreeing to pay all costs incurred, including reasonable attorney's fees whether or not suit is filed.

**Personal Guarantee of Corporate Accounts:** If the credit account applied for is a corporate account, the individual signing below on behalf of the corporation also by such signature personally and unconditionally guarantees to Mabscott Supply Company the prompt payment when due of every invoice.

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_