

# MURPHY®

WALL-BEDS HARDWARE INC.

## CREDIT APPLICATION

**Company Name:**

**Bill to address:**

City:

State:

ZIP Code:

**Ship to address:**

City:

State:

ZIP Code:

**Business Description:**

**Federal Tax ID#**

**Type of Business:** Corporation: \_\_\_ Partnership: \_\_\_ Individual: \_\_\_ # **Years in Business:** \_\_\_\_\_

## CONTACT INFORMATION

**President/Owner Contact Name:**

Phone:

E-Mail:

Fax:

**Purchaser Contact Name:**

Phone

E-mail:

Fax:

**Accounts Payable Contact Name:**

Phone:

E-mail:

Fax:

## COMPANY BANK INFORMATION

**Customer's Bank & Branch:**

**Contact Name:**

**Phone:**

**Bank Line of Credit:**

**Credit Limit Required:**

## FILL IN IF YOU WISH FOR YOUR ACCOUNT TO BE OPENED USING A CREDIT CARD

**Type of Credit Card:** Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

**Card Number:**

**Expiry Date:**

**Full Name (As it appears on the card):**

## FILL IN IF YOU WISH FOR YOUR ACCOUNT TO BE OPENED ON NET 30 DAY TERMS TRADE CREDIT REFERENCES: MUST PROVIDE 3

Name:

Fax#:

Tel #:

Name:

Fax #:

Tel #:

Name:

Fax #:

Tel #:

Name:

Fax #:

Tel #:

I/We \_\_\_\_\_

From: \_\_\_\_\_ apply to you for the supply of services and materials with the application for credit concurrently made. I/We agree to pay your account within your terms of **NET 30 DAYS**. Accounts 30 days or more past due are subject to a service charge of 2% per month (24% per annum). I/We understand and consent to you obtaining a consumer report containing personal and or credit information in connection with this transaction.

**Signature of applicant:**

**Date:**

**Print Name:**

**Sales Rep:**