OMEGA MOULDING COMPANY

DATE: _____

Account Application

Company Name and Account # _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ Email_____

Shipping Address _____

CITY: _____ STATE: _____ ZIP: _____

Type of Business: _____ Years in Business: _____

PLEASE CHECK ONE: _____ Store Front Business

_____ Home Based Business Years at present location: _____

Type of Organization ❒Corporation ❒Partnership ❒Individual ❒Other_____

Federal ID or SS # _____ Tax Exempt? ❒Yes #_____ ❒No

Principals

NAME	POSITION	HOME ADDRESS	PHONE#

Bank Reference

Bank: _____ Account # _____

Address: _____ Phone # _____

Trade References (Minimum of 3)

NAME	ADDRESS	PHONE#	FAX#	ACCT #

Credit Limit Requested **$_____** **Annual Sales** **$_____**

In making this application for credit, the customer agrees to pay all invoices within the terms of our invoice. Customer agrees to pay a service charge of 1&1/2% per month, which is an annual percentage rate of 18%, on all overdue balances. Customer agrees to pay a $30 fee for all checks returned for insufficient funds. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's collection fees, reasonable attorney fees and costs including attorney fees for appeal. The venue of any suit to collect this account may be held in Suffolk County, NY. The below gives permission to Omega Moulding and its affiliates to request credit information at any time from the listed references above, including bank information, for the purpose of extending or adjusting credit terms.

Principal or Owner _____ Title: _____ Date: _____

***Signature** (Required)*

❒ ***Order Pending*** _____ ***Length*** _____ ***Chop*** _____ ***Join*** _____ ***Sample***

Office use only

Credit limit	$	Account #	
Date approved:		CR CD #	
Signature:		CR CD TYPE:	

Note: Many vendors will only grant credit information in writing. Therefore, please allow a 2-week minimum for your application to be processed. All orders will ship COD until references are returned. If you would prefer to use a valid credit card, please request our credit card authorization form.

Please Fax Back To 800-329-6634 Attn: _____

1 SAW GRASS DRIVE BELLPORT, NY 11713 800-BUY-OMEGA Phone: 631-924-6200 Fax: 631-924-9591