

CHECK ACCEPTANCE/CREDIT CHECK



5702 RESEARCH DRIVE HUNTINGTON BEACH CA. 92649 PH (714) 897-9012 FAX (714) 897-9042

Company Information

Name of Company		Year Established	
Address			
City	State	Zip	
Type of business	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
Phone#	Fax #	E-mail	
Federal	Resale	Business License	
Tax Id #	Cert. #	#	

PLEASE ATTACH A COPY OF ALL LICENSES

Principals (Sole, Partner, Officers)

Name of Principal	Title:	Social Security #	-	-
Address		Home phone #		
City	State	Zip		
Name of Principal	Title:	Social Security #	-	-
Address		Home phone #		
City	State	Zip		

Credit References

Name	Address		
City	State	Zip Code	
Phone #	Fax #		
Name	Address		
City	State	Zip Code	
Phone #	Fax #		
Name	Address		
City	State	Zip Code	
Phone #	Fax #		
Name	Address		
City	State	Zip Code	
Phone #	Fax #		

CREDIT AGREEMENT/PERSONAL GUARANTEE: Credit applicant represents that all the statements above are true and that applicant is capable of paying all credit requested. The following terms are hereby agreed by the undersigned in order to establish with Monet Wheels Inc. program. You must be in business for minimum of 2 years or more for acceptance of company checks. (1) all parts to remain the property of Monet Wheels Inc. until paid in full. (2) checks returned for any reason are subject to a \$25.00 service charge. (3) all invoices must be paid on time as stated on invoice. (4) the undersigned corporate officer, or principal if other entity, agrees to be personally responsible for all debt, and further agrees to pay all collection costs, attorney fees and interest if collection of any debts becomes necessary.

Print Name	Title
Signature	Date

CREDIT APPLICATION



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Dear Customer,

Date: _____

Please complete the information below and sign the authorization for release of such information.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____

Bank Name: _____

Checking Account # _____ Savings Account # _____

Securing Credit Card _____ Number _____ Exp Date _____
(Does not have to be the same bank)

Branch Address _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____

Account Holders Signature: _____ Date: _____

Bank *** This section is to be completed by your bank**

To whom it may concern:

The above referenced customer has applied for credit with Monet Wheels Inc. Please find the above authorizing signature for release of information. All information will be held strictly confidential.

Checking Account Opened: _____ Average Balance: _____

NSF'S: _____ Yes _____ No _____

Bank Representative: _____

Name (please print)

Signature

Title

Thank You,
Credit Department
Fax # (714) 897-9042