

CREDIT APPLICATION

(FOR IN-STORE PURCHASES)

BUSINESS NAME _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER () _____ FAX () _____

NUMBER OF YEARS ORGANIZED OR IN BUSINESS _____

E-MAIL ADDRESS _____

TYPE OF ORGANIZATION _____

ARE YOU APPLYING FOR A PURCHASE ORDER ACCOUNT? Y N

(A purchase order must be presented at the time of purchase)

PRINCIPAL OWNERS (Business only) _____

TWO TRADE REFERENCES: (Public Schools - Not Applicable)

1. NAME _____ PHONE # _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____ ACCT# _____

2. NAME _____ PHONE # _____
ADDRESS _____

CITY _____ STATE _____ ZIP _____ ACCT# _____

Suggested trade references include: denominational publisher, local florist, local office supply, or local bookstore. References should be net 30 accounts. Statements are mailed monthly. The statement balance is due within 30 days of receipt of the statement. Any account over 60 days will be considered non-current. The due date will be calculated from the invoice date, not the statement date.

Signed _____ **Date** _____

Print Name _____ **Title** _____

OF AR CHARGE CARDS _____ **# OF TAX EXEMPT CARDS** _____

(2 Cards will be issued for each, unless otherwise specified)

If tax exempt, please include [state sales tax exempt form](#) AND a [completed long form](#). See below.

To obtain a long form go to www.mardel.com/taxexemptlongforms, click on state & print.

Please e-mail, fax, or mail completed app/forms to the info below.

MARDEL®

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