

**APPLICATION FOR CREDIT  
MJB WOOD GROUP, LLC**

**3100 OLYMPUS BLVD., SUITE 480  
DALLAS, TX 75019  
P: 972 401-0005 F: 214 442-7664**

DATE: \_\_\_\_\_

Credit information given by: \_\_\_\_\_ Salesperson: \_\_\_\_\_

Firm Name		Phone	
_____		(____)	____ - ____
Mailing Address/P.O. Box	City	State	Zip
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	_____
Previous address if less than 5 years at address above		Fax	
_____		(____)	____ - ____

Type of Business	Date Started	Annual Sales
_____	____/____/____	\$ _____
Subsidiary or Affiliate of	Location	
_____	_____	
Former Business	Location	
_____	_____	

Check One :  Individual  Partnership  Corporation

**A. Individuals and Partnerships complete the following:**

	Name		Spouse's Name	
(1)	_____		_____	
	Home Address	City	State	Zip
	_____	_____	_____	_____
	Social Security Number		Drivers License Number	
	_____		_____	
	Name		Spouse's Name	
(2)	_____		_____	
	Home Address	City	State	Zip
	_____	_____	_____	_____
	Social Security Number		Drivers License Number	
	_____		_____	
	Name		Spouse's Name	
(3)	_____		_____	
	Home Address	City	State	Zip
	_____	_____	_____	_____
	Social Security Number		Drivers License Number	
	_____		_____	

B. Corporations complete the following:

Name of President \_\_\_\_\_

Name of Vice President(s) \_\_\_\_\_

Name of Secretary \_\_\_\_\_

Address of Principal's Office \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Tax Number \_\_\_\_\_ Date Incorporated \_\_\_\_\_

Purchase Order Required:  Yes  No

Job Number Required:  Yes  No

Taxable:  Yes  No Tax Number \_\_\_\_\_

Estimated Monthly Volume \$ \_\_\_\_\_

**Trade References**

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Fax Number</u>
1.	_____	_____	_____	( ) -
2.	_____	_____	_____	( ) -
3.	_____	_____	_____	( ) -
4.	_____	_____	_____	( ) -

Name of Bank \_\_\_\_\_ Officer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Extra sheets should be attached when necessary to disclose any material information where space provided is not sufficient.

***CREDIT TERMS AND POLICY***

Everything stated in this application is true and correct to the best of my knowledge. It is understood you will retain this application whether or not it is approved.

You are authorized to check our credit as necessary through our trade references, bank reference and/or a credit reporting agency to obtain answers about our credit experience.

In consideration of such extension of credit it is understood all invoices shall be due and payable in accordance with the terms set forth on the TERMS & CONDITIONS OF QUOTATIONS AND SALES. Discounted terms are only honored for payments made within the discount period. Earned discounts will not be granted if not taken at the time of purchase.

Customer shall provide a current Sales and Use Tax Resale Certificate for all states to which material will be shipped by MJB to customer. Failure to provide a certificate will result a sales tax charge on all orders.

In the event of non-payment and the institution of legal proceedings, Customer agrees to bear the expense of collection, including reasonable attorney's fees, to the extend allowable by law. All parties further agree that in the event legal action becomes necessary the same will be filed and tried in Dallas County, Texas.

**IMPORTANT-MUST BE SIGNED & DATED BY OWNER IF PROPRIETORSHIP, PRESIDENT OR OFFICER IF A CORPORATION, OR GENERAL PARTNERS IN CASE OF PARTNERSHIP. BY SIGNING YOU AGREE TO AND ACKNOWLEDGE OUR TERMS & CONDITIONS.**

\_\_\_\_\_  
Name of Firm

\_\_\_\_\_  
Signature Title Date

\*\*\*\*\*IF TAX EXEMPT, PLEASE SEND SALES AND USE TAX\*\*\*\*\*  
RESALE CERTIFICATE WITH THIS APPLICATION

How would you like to receive our invoices? Please check one of the following:

Fax # \_\_\_\_\_  Email \_\_\_\_\_