



BUSINESS CREDIT APPLICATION

Company Name: _____	Ship to: _____
D/B/A: _____	Address: _____
Contact Name: _____	City: _____
Payables contact: _____	State: _____ Zip: _____
Address: _____	
City: _____ State: _____ Zip: _____	
Type of Business: _____	
Yearly Sales: \$ _____ FEIN or SSN: _____	
D&B DUNS No.: _____ No. of years in business: _____	
Business Phone No.: _____	Business Fax No.: _____
Business Type: Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>	If incorporated, in which state? _____

**To obtain credit approval, you must fill out this application completely.
Attach a signed copy of your State's Sales and Use Tax Annual Resale Certificate and/or Tax Permit and/or Reseller Permit.

PRINCIPAL INFORMATION

Name: _____	Name: _____
Title: _____	Title: _____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Drivers License No. _____ State: _____	Drivers License No. _____ State: _____

TRADE REFERENCES

PLEASE LIST COMPANIES WITH WHOM YOU HAVE CREDIT TERMS

Company Name: _____ Address: _____ _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____
Company Name: _____ Address: _____ _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____

Company Name: _____ Address: _____ _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____
Company Name: _____ Address: _____ _____ Account No.: _____ Phone: _____ Contact Person: _____ Fax: _____

Applicant acknowledges that the above information is true and accurate and agrees with the terms and conditions in the Section "Credit Agreement" below. The undersigned authorizes inquiry as to credit information, which may include a **Dunn & Bradstreet** credit check. In consideration for MPDirect granting credit to the above company, the Applicant personally guarantees all debts incurred by this company. The Applicant hereby agrees to bind himself or herself to pay MPDirect any sum which becomes due whenever the company fails to pay the same. The Applicant understands this is an absolute guarantee and comes into full force and is effective immediately upon default of payment and shall continue in full force and effect until the full balance due to MPDirect has been paid. In the event of default, The Applicant expressly agrees to waive any objections based on personal jurisdiction.

Applicant's Signature: X _____	Co-Applicant's Signature: _____
Print Name: _____ Date: _____	Print Name: _____ Date: _____

BANK INFORMATION RELEASE

Banks require the complete account number and an original signature from the account holder in order to release the account information we need to process your account. Therefore please fill in all the blanks below and sign on the designated line. This will enable us to process your application as quickly as possible.

PLEASE RELEASE INFORMATION REGARDING MY ACCOUNT TO MPDIRECT, INC.

Bank Name: _____ Bank Address: _____
Account No.: _____ City, State, Zip: _____
Bank Phone: _____
Signature: **X** _____ Bank Fax: _____
Date: _____

CREDIT AGREEMENT

This agreement governs the terms and condition under which credit shall be accepted from the Applicant identified above (hereinafter "Applicant") for the purchase of goods from MPDirect (hereinafter "Company"), if the Credit Application is approved. This agreement shall be construed in accordance with the laws of the State of Florida.

1. PAYMENT: All payments under this Agreement are due and payable at 4800 126th Avenue North, Clearwater, FL 33762.
2. COSTS: Applicant agrees to pay all costs incurred by the Company in collecting any amounts owed the Company hereunder, including reasonable attorney's fees, whether or not suit is brought, and whether incurred in connection with collection, trial, appeal, or otherwise. Applicant also agrees, in the event a check issued to the Company in payment on Applicant's account is returned by the bank for any reason, including, but not limited to, stopped payment, insufficient funds or a closed account, to pay Company the amount of the check plus a service charge of up to five percent (5%) of face value.
3. CREDIT INVESTIGATION: Applicant authorizes Company to investigate, from time to time, its credit standing, financial responsibility, and bank references by obtaining credit reports and by making direct inquiries of businesses (including banks) where Applicant has credit or which Applicant had identified in making this Credit Application. Applicant also authorizes Company to furnish information concerning Applicant's performance under this Agreement to persons who may properly receive such information.
4. NOTICES & AMENDMENTS: Company may amend this Agreement upon thirty (30) days advance notice to Applicant. Applicant will be bound by the amended terms unless Applicant chooses to cancel the Agreement in writing and any amounts owed Company hereunder are paid in full. Notice to Applicant shall be effective when mailed to the Applicant's last known address. Notice to Company shall be effective when received by Company. This Agreement is effective only upon approval by Company.
5. INTEREST: Past due invoices are subject to finance charges of one and one half percent (1.5%) per month.
6. RESTOCKING FEE: All refused COD orders are subject to freight charges and a fifteen-dollar (\$15) restocking fee.

Applicant's Signature: **X** _____ Co-Applicant's Signature: _____
Date: _____ Date: _____

FOR INTERNAL USE ONLY: REC _____ CK _____ ORD PENDING _____ CR LIM _____