

## Account Application

► **Company Name:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
(first time applicants leave blank)

**Billing Address:** \_\_\_\_\_  
(Street Address)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

► **Shipping Address:** \_\_\_\_\_  
(Street Address)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

► **Type of Business:** (Check One)  Commercial  Residential **Years in business:** \_\_\_\_\_

☆ **Tax Resale #:** ► \_\_\_\_\_  
(You must enter State Tax Resale # to qualify for an account)

**!** You must produce a copy of your Resale Certificate when submitting this application. (Fax to 1-800-329-6634, or email a scan along with a pdf of this form to info@omegamoulding.com)

### Principals

NAME	POSITION	HOME ADDRESS	TELEPHONE#

► **Bank Reference** **Bank:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_

**Bank Telephone #:** \_\_\_\_\_ **Branch Manager:** \_\_\_\_\_  
(Enter name of your bank's Branch Manager to contact)

### Trade References (Minimum of 3)

NAME	ADDRESS	TELEPHONE#	FAX #	ACCOUNT#

► **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:		CC #:	
Signature:		CC 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 fill & fax this form to 1-800-329-6634 or email a PDF of this form to info@omegamoulding.com**