

**MJB WOOD GROUP, INC**

2201 W Royal Ln.,  
SUITE 250  
IRVING, TX 75063      PHONE (972) 401-0005  
FAX (972) 409-9949

**APPLICATION FOR CREDIT**

Date: \_\_\_\_\_

Please answer all questions.

Credit information given by: \_\_\_\_\_ MJB 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

DUNS Number: \_\_\_\_\_

A.      Individuals and Partnerships complete the following:

Name	Spouse's Name
(1) _____	_____
Home Address	State      Zip
_____	_____
Social Security Number	Drivers License Number
_____	_____
Name	Spouse's Name
(2) _____	_____
Home Address	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 \_\_\_\_\_, 20\_\_

Purchase Order Required:  Yes  No

Job Number Required:  Yes  No

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

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

	<u>Name</u>	<u>Trade References</u>		<u>Fax Number</u>
		<u>Address</u>	<u>Phone</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, which will be sent with the new customer information provided after credit approval.

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 extent 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 AND CONDITIONS.**

---

Name of Firm

---

Signature

---

Title

---

Date

---

Print Name

**\*\*\*\*\*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

Mail