



Melrose International, LLC

CREDIT APPLICATION

P.O. BOX 3441 - QUINCY, ILLINOIS 62305
TELEPHONE: 800-282-2144 - FAX: 217-222-5588

PLEASE FILL OUT COMPLETELY

CUSTOMER INFORMATION

FIRM'S FULL LEGAL NAME					
MAILING ADDRESS			SHIPPING ADDRESS		
CITY		STATE	COUNTY		ZIP CODE
PHONE	FAX	Interior Design		Floral	Gift Other

OWNER/OWNERS; OR AN AUTHORIZED OFFICER OF THE CORPORATION

NAME / TITLE	STREET	CITY	STATE	ZIP	TELEPHONE

TAX EXEMPT # (Credit will not be granted without Tax#)			PLEASE ATTACH A COPY OF THE CERTIFICATE		
SOCIAL SECURITY #		FEDERAL I.D. #	STATE INCORPORATED		
CORPORATION		PARTNERSHIP	PROPRIETORSHIP	LLC	DATE STARTED
OWN OR		RENT	IF RENT, FROM WHOM		
FORMER BUSINESS			LOCATION		

TRADE REFERENCES (Please only list companies with which you currently have Net 30 Terms)

CREDIT WILL NOT BE GRANTED WITHOUT THE COMPLETION OF THIS SECTION.

1. NAME/TITLE		ACCT#:	FAX:
ADDRESS:		CITY:	STATE: ZIP:
2. NAME/TITLE		ACCT#:	FAX:
ADDRESS:		CITY:	STATE: ZIP:
3. NAME/TITLE		ACCT#:	FAX:
ADDRESS:		CITY:	STATE: ZIP:
4. NAME/TITLE		ACCT#:	FAX:
ADDRESS:		CITY:	STATE: ZIP:

BANK INFORMATION YOUR SIGNATURE BELOW AUTHORIZES RELEASE OF CREDIT INFORMATION.

NAME OF BANK:		BANK OFFICER:	ACCT#:
STREET ADDRESS:		TELEPHONE:	
CITY:	STATE:	ZIP:	

TERMS: Accounts 30 days past due will be charged interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full. Accounts 90 days past due will be turned over for collection. All legal and collection fees will be debtor's responsibility.

By signing this application, I authorize Melrose International or it's agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Melrose to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal, and extension of this and other accounts with Melrose and the marketing of other products and services to me and my business by Melrose. I further authorize Melrose to share the information received from my consumer credit report with Melrose parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms of sale of Melrose International, LLC.

SIGNATURE: _____ TITLE: _____
FIRM NAME: _____ DATE: _____

I have read, I understand, and I agree with the terms and conditions stated above.

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