



9851 Park Davis Drive  
Indianapolis, IN. 46235  
317-895-6200 phone  
317-895-6220 fax

**MOSIER AUTOMATION – CREDIT APPLICATION**  
**PLEASE PRINT- COMPLETE-FAX BACK**  
**FAX TO: 317-895-6220 – ATTN: BECKY**

### Credit Application

Company Name \_\_\_\_\_

Check Which Applies: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_ Specify \_\_\_\_\_

Years In Business \_\_\_\_\_ Number of Employees \_\_\_\_\_ NAICS Code \_\_\_\_\_

Nature of Business \_\_\_\_\_

Amount of Credit Requested \_\_\_\_ < \$500 \_\_\_\_ \$500 - \$2500 \_\_\_\_ \$2500-\$5000 \_\_\_\_ \$5-10,000 \_\_\_\_ \$10-25,000 \_\_\_\_ Over \$25,000

How did you hear about our company? \_\_\_\_ Web \_\_\_\_ Salesman( \_\_\_\_\_ ) \_\_\_\_ Cust Referral \_\_\_\_ Print  
\_\_\_\_ Manufacturer ( \_\_\_\_\_ ) \_\_\_\_ Other ( \_\_\_\_\_ )

Officers \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Sales Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, include exemption certificate)

Are faxed invoices acceptable? Yes \_\_\_\_\_ No \_\_\_\_\_ E-mail Address \_\_\_\_\_

Does your company use a credit card? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what card? \_\_\_\_\_

### Billing Address

Street or P.O. Box \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Ship To Address (If Different Than Billing Address)

Street or P.O. Box \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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### Trade References

Company \_\_\_\_\_

Street \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Bank Reference

Bank \_\_\_\_\_

Street \_\_\_\_\_

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

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Information Provided By

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

Name (print or type) \_\_\_\_\_ Title \_\_\_\_\_

All replies are strictly confidential. Please allow 3 days for application to be processed. Terms are net 30 days. A service charge of 1 ½% per mo., 18% annually will be charged on balances not paid within 30 days.

#### Internal Use Only

100 \_\_\_\_\_ 334 \_\_\_\_\_ 801 \_\_\_\_\_ 803 \_\_\_\_\_ 703 \_\_\_\_\_ TFM \_\_\_\_\_ ACCT \_\_\_\_\_



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Attn: \_\_\_\_\_

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

PLEASE NOTE: The following credit agreement **must be signed** BY AN OFFICER or OWNER of the company in order to be approved for an open account.

**CREDIT AGREEMENT**

In submitting this application for extension of credit, I understand that all accounts over 30 days are delinquent and liable to be assigned a late chare of 1-1/2% per month, not to exceed an annual charge of 18% per year. All costs of collection will be the debtor's responsibility, including reasonable attorney fees, should collection through an attorney be necessary. This agreement shall be conclusively deemed to be a material element in each subsequent extension of credit by **Mosier Automation, Inc.** until revoked by your company in writing.

Company Name \_\_\_\_\_  
Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_

**PLEASE NOTE: IF WE DO NOT RECEIVE YOUR ANNUAL TAX EXEMPTION CERTIFICATE YOUR ACCOUNT WILL BE TAXED.**