



# MK DIAMOND PRODUCTS, INC.

1315 STORM PARKWAY

TORRANCE, CA 90509

(310) 257-2852 (310) 257-2842 FAX

## CREDIT APPLICATION AND AGREEMENT

Company Name _____	Date _____
Street Address _____	Tel# _____
P.O. Box/Dept _____	Fax# _____
_____	Email _____
City _____	Zip _____

In This Location: (check one)  Owned  Leased

If Leased: List Lessor: \_\_\_\_\_

In Present Location Since: \_\_\_\_\_

Member of: \_\_\_\_\_ Trade Association(s)

### OWNERSHIP

This Company is a: (check one)  Corporation  Proprietorship  Partnership

Parent Company Name (if subsidiary) _____	Year Established _____
President/Owner _____	State of Incorporation _____
Home Address _____	VP/Partner _____
City, State, Zip _____	Home Address _____
Social Security # _____	City, State, Zip _____
Driver's License # _____	Social Security # _____
Principle Business of Firm _____	Driver's License # _____
Federal Tax I.D. # _____	

PLEASE SUBMIT: 1) Resale Certificate

2) Financial Statements - Latest Balance Sheet & Income Statement  
(we keep this information in strict confidence)

### AGREEMENT

The undersigned represents that the information provided herein is true and correct. Authorization is given to MK Diamond Products, Inc., to make inquires as necessary to obtain information and to bank(s) of record to release information regarding the Applicant's account(s). If credit is extended to Applicant, Applicant agrees to pay all invoices according to the terms stated thereon as and when due; to pay a late fee (time-price differential) of one and a half (1-1/2%) percent per month on all amounts past due; and to pay collection costs including reasonable attorney's fees and cost of suit.

NAME (Print) \_\_\_\_\_  
TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

PLEASE COMPLETE TRADE & BANK INFORMATION  
MUST BE PROVIDED BY APPLICANT

**BANK REFERENCES**

Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_  
Account Representative \_\_\_\_\_ Open Credit Line \_\_\_\_\_

**TRADE INFORMATION**

#1  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

#2  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

#3  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

#4  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**MUST BE COMPLETED BY SALES REPRESENTATIVE**

Salesman Name \_\_\_\_\_ Salesman Number \_\_\_\_\_  
Customer Class  Rental  STAFDA/Construction supply  
 Tile  Building Material  
 Hardware  Export (if Export which Country) \_\_\_\_\_  
 Lapidary

Back Order  Yes  No

PO Number Required  Yes  No

Authorized Buyer(s) \_\_\_\_\_  
Contact \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
Ship to Information \_\_\_\_\_  
Competitive Lines Carried \_\_\_\_\_  
Estimated Annual Volume \$ \_\_\_\_\_  
Sales Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

CREDIT INFORMATION MUST BE  
FAXED TO (310) 257-2842