



RETURN TO:
 MGS Distributing
 742 N. 109TH COURT
 OMAHA, NE 68154
accounting@mgsdist.com
 PHONE: 855-233-9393
 FAX: 855-365-2930

CREDIT APPLICATION

Company Information		Billing Information	
Name:		Accounts Payable Contact Name & Email Address	
Address		Requested Credit Amount:	
City, State, Zip		Accounts Payable Contact Phone	
Telephone		Tax Exempt - Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please attach proper form If proper form is not attached we will add sales tax	
Fax:			
Ship to Information		Address to E-mail Invoices:	
Name		*For MGS Office Use Only* Date Approved Credit Limit Status Processed by	
Address			
City, State, Zip			
Phone			
E-mail Contact			

GENERAL INFORMATION			
Federal Tax ID	Type of Business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Dun & Bradstreet (D&B) No.	Date Established		State of Corporation
Principal /Owner	Title	SSN.	E-Mail

BANK INFORMATION		
Bank Name	Bank Contact Officer	Phone, Extension
		E-Mail
Bank Address	City, State, Zip	Type of Account and Account Number

TRADE REFERENCES		
1. Business Name	Contact Name:	E-Mail
		Fax Number
2. Business Name	Contact Name:	E-Mail
		Fax Number
3. Business Name	Contact Name:	E-Mail
		Fax Number

CREDIT APPLICATIONS WILL BE RETURNED FOR INCOMPLETE INFORMATION

TERMS AND CONDITIONS

First Order is COD, and account will be COD until a credit application has been completed, reviewed and approved. For your benefit we offer 2% - 20 days | Net 30 days Discount Payments and net 30day invoices only. Invoices are processed daily and sent to the e-mail address you provide. MGS reserves the right to assess reasonable finance changes on all accounts over 30days, not to exceed the legal parameters for various state usury laws. MGS Accepts Visa, Discover, & Master Card for COD. Purchase Orders can be placed by E-Mail at sales@mgsdist.com or our toll free fax 855-365-2930.

I certify that I am authorized to apply for credit on behalf of this company. This information is true and correct and I agree to the release of credit information from the bank and credit references listed herewith to MGS DISTRIBUTING (its officers, corporate affiliates or assigns) in their review of this application for credit acceptance of this credit application does not obligate MGS DISTRIBUTING (its officers, corporate affiliates or assigns) to extend credit to the Applicant. I agree to the NET 30 DAYS terms and conditions of payment granted by MGS DISTRIBUTING (its officers, corporate affiliates or assigns) and understand that the extensions of credit is a privilege afforded to me or to this business. Failure to follow these terms and conditions will result in a credit hold being placed on this account until the matter is resolved in the event of collection proceedings, I understand that my company will be responsible for the reasonable costs associated with collections. Further, it is understood that MGS DISTRIBUTING (its officers, corporate affiliates or assigns) reserves the right to file liens where applicable on properties where work has been performed in the event of non-payment.

 Name of Authorized Representative

 Title

 Signature

 Date