



THE PROTECTION YOU EXPECT
AT AN UNEXPECTED PRICE.

SOP-01-SALES F03 V02

CUSTOMER CREDIT APPLICATION

Company Name: _____
Billing Address: _____ City: _____ State: _____ ZIP: _____
Ship to Address: Same as Billing Address or –
Address: _____ City: _____ State: _____ ZIP: _____
Company's Financial Contact: _____ Phone: _____ Fax: _____
Email: _____

CREDIT INFORMATION:

Tax Exempt # _____ If yes, submit certificate to MPE. Mark, if sent.
Company Type: Corporation Partnership Sole Proprietorship Years in Business _____
If incorporated, state in which incorp. _____ Yr. Established _____

Officers/Owners: President/CEO _____ CFO _____
Principal Owners _____
NA - Publicly Traded

We, the undersigned, authorize the financial institution below to verify the information provide below for MPE.

Financial Inst. _____

Address _____ City _____ State _____ ZIP _____

Primary Contact _____ Phone _____ Fax _____

Account # _____ Years with financial inst. _____

REFERENCES:

1. Company: _____ Phone _____ Fax _____ Email _____
Contact _____ Address _____ City _____ St _____ ZIP _____ Yrs. doing bus. _____
2. Company: _____ Phone _____ Fax _____ Email _____
Contact _____ Address _____ City _____ St _____ ZIP _____ Yrs. doing bus. _____
3. Company: _____ Phone _____ Fax _____ Email _____
Contact _____ Address _____ City _____ St _____ ZIP _____ Yrs. doing bus. _____
4. Company: _____ Phone _____ Fax _____ Email _____
Contact _____ Address _____ City _____ St _____ ZIP _____ Yrs. doing bus. _____

Terms of Sales/Rentals: Following is a summary and does not constitute all of the T&Cs of the sale that are outlined on the Sales/Rental Agreements. Payments must be received within 30 days of invoice. Returns may be subject to approval and restocking fees. Customers are subject to interest charges and all associated collection fees on all past-due payments.

Signature: _____ Date _____

Print Name: _____ Title _____

Co. Use Only: CUS# Assigned—CUS _____ Sales Rep Name _____



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