

MGM CREDIT APPLICATION

Company Name _____

Billing Address _____

Phone _____ Fax _____ E Mail address _____

In Business Since 19____ Number of employees _____

Check one: ___Proprietorship ___Partnership ___Corporation, State of _____

Annual Sales _____ Estimate monthly purchase \$ w/MGM _____

OWNERS/OFFICERS

Name Home Address Home Phone SS Number

TRADE REFERENCES

Name Address Phone Number & Fax

BANK REFERENCE

Name Location Phone & Fax Number Account #

TERMS AND CONDITIONS

In consideration of MGM Transformers Co (referred to herein as MGM), extending credit to Applicant, Applicant agrees to pay for all items purchased with in thirty days from invoice date. The applicable discount may be taken if paid within 10 days of invoice. In the event that MGM commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, the Applicant agrees to pay collection costs, interest at the rate of 18% per annum, and reasonable attorney's fee in addition to all other sums due. The undersigned warrants that the above agreement has been carefully read and that Applicant understand the same.

Applicant authorizes MGM to obtain credit and financial information concerning the Applicant at any time and from any source.

_____ and _____
Applicants Social Security Number Federal Tax Number Name of Applicant

Drivers License # _____
Signed by _____ Date _____

I/We personally guarantee payment for all materials purchased by applicant. (this is a continuing guarantee which shall remain in force until revoked by written notice, which notice shall be effective only as a transactions entered into after receipt thereof by MGM.)

Signed _____

Signed _____