

CREDIT APPLICATION



MANDELL VASQUEZ, INC.

300 Morris St. Toledo, OH 43602

Phone: 419-255-6666

Fax: 419-255-6446

DATE _____

Name of Business _____

Billing Address _____ City _____ State _____ Zip _____

Street Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____

Please check one: () Corporation Fed Tax No _____ () Partnership () Sole Proprietor () Individual

Type of Business _____ Date started _____

Estimated annual sales _____ Own or rent building _____ If rent from whom? _____

Real Estate Mortgage _____ Value _____

PRINCIPAL OWNERS OR OFFICERS OF CORPORATION

Name _____ Title _____

Name _____ Title _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Drivers License # _____ State _____

Drivers License # _____ State _____

BANK REFERENCE

Name of Bank _____ Branch _____ Acct. No _____

Street Address _____ City _____ State _____ Zip _____

Business Phone _____ Fax _____

TRADE REFERENCES

Name _____ Address _____ Acct No _____

City _____ State _____ Zip _____ Phone # _____ Fax # _____

Name _____ Address _____ Acct No _____

City _____ State _____ Zip _____ Phone # _____ Fax # _____

Name _____ Address _____ Acct No _____

City _____ State _____ Zip _____ Phone # _____ Fax # _____

Arbitration Agreement: The parties agree to resolve by binding arbitration all claims and disputes arising from or relating to agreements and transactions, including the validity of this arbitration clause. The arbitration shall be governed by the Code of Procedure of Equilaw's National Arbitration Forum (NAF). The applicable Code shall be the Code of Procedure in effect at the time the claim is filed with Equilaw, whose United States administrative office is located at: 2124 Dupont Avenue South; Minneapolis, Minnesota 55405; (612) 871-9205. The parties agree to accept service by certified mail, return receipt requested, through the United States Postal Service, of the Initial Claim Documents that begin an arbitration. Judgment upon the Award may be entered in any court having jurisdiction.

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Taxable or Tax Exempt? _____

If exempt tax exempt # _____

If exempt submit separate tax exemption form with this application.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH TERMS:

Firm Name _____

By _____ Title _____

By _____ Title _____