

MICOR Industries, Inc.

P.O. Box 2175, Decatur, AL 35602
 Phone (245) 560-0770
 Fax (256) 341-0002

ACCOUNT APPLICATION

We would greatly appreciate you completing the information below:

Company Name: _____
 Mailing Address _____
 Shipping Address _____

Business Phone # () _____ Fax # () _____

CORPORATION SOLE OWNER PARTNERSHIP OTHER:

As Applicable, List Name(s) and Title(s) of Corporate Officers, Partners or Owners

Name	Title	Residence Address
Phone	Social Security Number	Drivers License Spouse
X I hereby consent to and authorize this use of a consumer credit report, by Micor Ind., Inc., in the credit evaluation process.		
Please sign		

Name	Title	Residence Address
Phone	Social Security Number	Drivers License Spouse
X I hereby consent to and authorize this use of a consumer credit report, by Micor Ind., Inc., in the credit evaluation process.		
Please sign		

Information on Your Business

Type of Business _____
 How Long in Business _____ No. of Employees _____
 Types of Products You Will Purchase _____
 Amount of Credit Requested _____ Contact Person _____
 Tax Exempt Yes No If Yes, Please provide copy of Tax Exempt Certificate

TRADE REFERENCES

1. Name _____	Yrs Done _____	High _____	Terms _____
Address _____	Bus. With _____	Balance _____	Fax _____
	Phone () _____		
2. Name _____	Yrs Done _____	High _____	Terms _____
Address _____	Bus. With _____	Balance _____	Fax _____
	Phone () _____		
3. Name _____	Yrs Done _____	High _____	Terms _____
Address _____	Bus. With _____	Balance _____	Fax _____
	Phone () _____		

OVER - PLEASE COMPLETE OTHER SIDE

BANK REFERENCES

Checking Account:

Name _____ Acct. # _____

Address _____ Contact _____

_____ Phone# () _____

Savings Account:

Name _____ Acct. # _____

Address _____ Contact _____

_____ Phone# () _____

AGREEMENT:

All payments are due in accordance with the terms of sale, as set forth on the invoice. If purchaser fails to make payments when due, purchaser may be liable to pay service charges on the unpaid balance at the end of each month at the monthly periodic rate of 1 1/2%, which equals an annual percentage rate of 18% or at highest rate of interest allowed by law. Micor Ind., Inc. reserves the right to increase the service charge upon written notice to purchaser and purchaser agrees to pay the increased service charge for purchases made after receipt of said notice.

In consideration of Micor Ind., Inc.'s sale of goods and services to the above-named individual/firm, all at the direction of Micor Ind. Inc., the undersigned (a) hereby certifies to the accuracy of the statements set forth in this application, (b) agrees to pay the service charges set forth above and all collections costs and fees in the event this account must be placed for collection, and if suite action is necessary venue will be in the county that Micor Ind., Inc. resides.
(Note: If a corporation, an authorized corporate officer must sign.)

In consideration of the extension of business to the above firm at my/our request, I/we hereby personally guarantee the payment of all of its obligations to Micor Ind., Inc. to include all costs of collection fees. I/we waive notice of acceptance of the guaranty, notice of sale of merchandise sold by Micor Ind., Inc. to the individual/firm designated above, and notice of default. I/we consent to the extension of time of payment of the indebtedness or any portion thereof.

Print Name _____ Print Name _____

Signature **X** _____ Signature **X** _____

Date _____

THANK YOU FOR COMPLETING THIS ACCOUNT APPLICATION