



MARUICHI AMERICAN CORPORATION

11529 GREENSTONE AVENUE
SANTA FE SPRINGS, CALIFORNIA 90670-4697
TEL: (562) 903-8600 FAX: (562) 903-8601

CREDIT APPLICATION

DATE: _____ REQUESTED BY: _____

FIRM NAME: _____ DBA IF ANY: _____

ADDRESS (Ship To): _____ CITY: _____ STATE: _____ ZIP: _____

ADDRESS (Bill To): _____ CITY: _____ STATE: _____ ZIP: _____
(If this is different from Ship To.)

PHONE: () _____ FAX: () _____ YEAR ESTABLISHED: _____

NATURE OF FIRM: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

IF CORPORATION, NAME OF OFFICERS: _____ / _____
President Secretary/Treasurer

TRADE REFERENCES: NAME ADDRESS PHONE FAX

1. _____
2. _____
3. _____

BANK REFERENCE: **Please call your Bank Officer and advise them we will be faxing then for reference purposes.**

NAME OF BANK: _____ BRANCH NAME: _____

ADDRESS: _____ PHONE: () _____ FAX: () _____

ACCOUNT NUMBER: _____ CONTACT: _____

*******CUSTOMER'S BANK CREDIT RELEASE AUTHORIZATION MUST ACCOMPANY THIS APPLICATION*******

ATTACHED IS APPLICANT'S FINANCIAL STATEMENT AS OF: _____

TERMS & CONDITIONS:

It is agreed by the undersigned that: (1) All goods and merchandise sold on open account will be due and payable within thirty (30) days from date of invoice or other agreed terms; (2) Any sum not paid within thirty 30 (days) or other agreed terms are subject to overdue interest charge of 18% annum; (3) Applicant shall pay such costs, expenses and reasonable attorney's fees that MAC may incur in any manner of collection of any sums past due as Open Account credit extended; and (4) Shipment of goods to be made within 30 days of their production unless otherwise agreed.

The undersigned certifies that this Open Account Application is made on behalf of the applicant shown above for the purpose of securing Open Account terms of credit from MAC solely on the basis of this Open Account application and the financial data which is submitted herewith, and the undersigned further certifies that the contents hereof and the financial data which is submitted herewith accurately represent the financial condition, without material change, of the application to this date.

Signature of Corporate Officer, Partner or Individual

For MAC Internal Use Only.

	Originator	Sales Mgr	Accounting	Sales Mgr	→	Comp Admin	MAC	Private
Initial								
Date								
	By VP Sales	Credit Limit	\$		Cust-Code			



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REQUEST FOR CREDIT INFORMATION

DATE: _____ REQUESTED BY: _____

FIRM NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DUE TO THE TIGHTENING OF REGULATION IN THE DIVULGING OF CREDIT INFORMATION, BANKS ARE NOW REQUIRING WRITTEN AUTHORIZATION FROM THEIR DEPOSITOR FOR RELEASE OF ANY INFORMATION IN REGARDS TO THEIR ACCOUNT. WHEN YOU RETURN YOUR COMPLETED APPLICATION, PLEASE SIGN THIS AUTHORIZATION FOR YOUR BANK AND RETURN IT TO US. **WE ALSO ASK THAT YOU CALL YOUR BANK OFFICER AND TELL THEM WE WILL BE CONTACTING THEM BY FAX FOR INFORMATION.**

I GIVE PERMISSION FOR THE RELEASE OF INFORMATION ABOUT MY ACCOUNT.

SIGNATURE: _____ DATE: _____

NAME OF BANK: _____ ACCT NO: _____

BANK ADDRESS: _____

.....
BELOW FOR BANK USE ONLY

CHECKING ACCOUNT: OPENED: _____

AVERAGE BALANCE: _____

RETURNED ITEMS: YES: _____ NO: _____

LOANS:

OPENED: _____ HIGH CREDIT: _____ BALANCE: _____

SECURED BY: _____

PAYMENT HISTORY: _____

COMMENTS: _____

BANK SIGNATURE: _____ DATE: _____

TITLE: _____