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Billing Instructions & Credit Application
(Confidential)

DATE: _____

CUSTOMER NAME: _____

STREET NUMBER FOR BILLING ADDRESS: _____
ZIP CODE: _____

STATE SALES TAX NO. _____ CONTRACTOT LICENSE NO> _____

BUSINESS PHONE (_____) _____ BUSINESS FACSIMILE NO.(_____) _____
Proprietorship___ Partnership___ Corporation___

Principal owner(s) or officers (s) are:

NAME	RESIDENT ADDRESS	RESIDENT TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other business principals _____

Date the business commenced _____ Annual Volume _____

If new , provide past employment _____

Were any of the principals in business before? Yes ___ No ___

If so, reason for discontinuing _____

Type of business _____ Type of work performed _____

Works from: Home _____ Shop _____ No of Employees: Office ___ Shop _____

Are purchase Orders issued? Yes ___ No ___ By whom: _____

Special billing instructions _____

PROVIDE STATE SALES TAX CERTIFICATE OR TAX WILL BE CHARGED

TRADE REFERENCES:

_____ Phone No. (____) _____ Fax No. (____) _____

_____ Phone No. (____) _____ Fax No. (____) _____

_____ Phone No. (____) _____ Fax No. (____) _____

_____ Phone No. (____) _____ Fax No. (____) _____

BANK ACCOUNTS:

Name of Bank	Type of Account(s) and Number
_____	_____
_____	_____
_____	_____

CMDT,LLC. TERMS OF SALE

Net 10th of the month following the month of purchase.

Accounts 30 or more days past due will be placed on a temporary hold status until payment arrangements are confirmed and approved by the credit manager.

Will firm submit a financial statement upon request? _____ Yes _____ No

Amount of credit needed monthly _____

PERSONAL GUARANTEE

The undersigned certifies the above information to be correct, that is submitted for the purpose of obtaining credit, and agrees to all the terms and conditions of sale of the company to whom it is submitted. In consideration of credit being extended or other financial accommodations to the above firm by CMDT, LLC. (hereinafter called CMDT) the undersigned, personally, jointly, and severally unconditionally guarantee to CMDT the prompt payment when due of any and all indebtedness and liabilities that are now, or at any time or times hereafter may be or become owing to CMDT from the above named applicant for credit. The undersigned further guarantees the payment of all interest, attorney's fees, court costs and other costs of collection which may be incurred by CMDT. **All past due amounts are subject to a 1 1/2% per month finance charge (18% per annum).** All applicants must notify CMDT immediately of any change in business name, address, and/or principal by certified or registered mail. All charges for merchandise sold under this account are expressly payable in Fort Worth, Tarrant County, Texas.

SIGNATURE REQUIRED

Signature

Signature

Signature