

493 MISSION STREET - CAROL STREAM, IL 60188  
PHONE 630-871-9999 FAX 630-871-8035



2161 HUTTON DR. - CARROLLTON, TX 75006  
PHONE 214-350-5373 FAX 214-350-7715

**NEW ACCOUNT APPLICATION (PLEASE PRINT)** IL \_\_\_\_ TX \_\_\_\_

**COMPANY INFORMATION:** **\*\*\* PLEASE ATTACH LIST OF 3 TRADE REFERENCES**

LEGAL NAME: \_\_\_\_\_

DBA NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ SHIPPING ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_

SELECT ONE OF THE FOLLOWING: ( ) PROPRIETORSHIP ( ) PARTNERSHIP ( ) GENERAL ( ) LIMITED ( ) CORPORATION

PRINCIPAL NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_ DESIRED CREDIT: \$ \_\_\_\_\_

**PLEASE INDICATE WHICH OPTIONS YOU WOULD LIKE US TO APPLY TO YOUR ACCOUNT:**

REQUIRE A PURCHASE ORDER NUMBER ( ) YES ( ) NO

PLACE A LIMIT ON INVOICE AMOUNT THAT CAN BE CHARGED ( ) YES ( ) NO INDICATE \$ AMOUNT: \_\_\_\_\_

RESTRICT CHARGES TO THESE PEOPLE ONLY ( ) YES ( ) NO

PLEASE LIST ALLOWED NAMES: \_\_\_\_\_

**ARE YOU TAX EXEMPT?** ( ) YES ( ) NO **\*\*IF YES, A COPY OF TAX EXEMPT CERTIFICATE IS REQUIRED\*\***

**PLEASE PROVIDE BANK REFERENCE:**

NAME OF BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

**TERMS:**  
CREDIT TERMS ARE NET 30 DAYS. INVOICES NOT PAID WITHIN 30 DAYS OF INVOICE DATE WILL BE ASSESSED A 1.5 % PER MONTH FINANCE CHARGE (IN ACCORDANCE WITH THE USURY LAWS OF THE STATE). I/WE UNDERSTAND AND AGREE THAT THE INFORMATION PROVIDED IS FOR THE PURPOSE OF OBTAINING CREDIT. I/WE FURTHER UNDERSTAND AND AGREE THAT ALL ACCOUNTS OR MONIES DUE TO M&M THE SPECIAL EVENTS COMPANY SHALL BE PAID IN ACCORDANCE WITH THE CREDIT TERMS STATED ABOVE AND AGREE TO PAY ALL REASONABLE COSTS OF COLLECTION, IN ADDITION TO ANY COURT COSTS AND/OR ATTORNEY FEES INCURRED. I/WE AUTHORIZE INVESTIGATION OF ALL CREDIT REFERENCES AND CREDIT HISTORY. I/WE AUTHORIZE CREDITORS TO RELEASE INFORMATION PERTAINING TO MY/OUR CREDIT HISTORY. I/WE FURTHER AUTHORIZE INVESTIGATION OF MY/OUR CREDIT VIA CREDIT BUREAU REPORTS.

BY: \_\_\_\_\_ NAME & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
AUTHORIZED AGENT SIGNATURE PLEASE PRINT

BY: \_\_\_\_\_ NAME & TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
AUTHORIZED AGENT SIGNATURE PLEASE PRINT

**GUARANTY:** I/WE, THE UNDERSIGNED, DO HEREBY GUARANTEE PAYMENT, AS INDIVIDUALS, OF ANY INDEBTEDNESS INCURRED BY VIRTUE OF ANY AND ALL CREDIT EXTENDED IN ACCORDANCE WITH THE ABOVE AGREEMENT AND ALL ITS TERMS & CONDITIONS.

GUARANTOR: \_\_\_\_\_, INDIVIDUALLY \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME & TITLE

GUARANTOR: \_\_\_\_\_, INDIVIDUALLY \_\_\_\_\_ DATE: \_\_\_\_\_  
PRINT NAME & TITLE

**FOR OFFICE USE ONLY:**

ACCOUNT #: \_\_\_\_\_ CREDIT TERMS: \_\_\_\_\_

SALESPERSON: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_ APPROVED BY & DATE: \_\_\_\_\_