



Credit Application

Company Name: _____ Date: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ No. of Office employees: _____

Contact Name: for Purchases _____ Payment: _____

Any Procedures or requirements we should know of: _____

Trade references:

1. _____ Phone: _____ Acct: # if any _____

2. _____ Phone: _____ Acct: # if any _____

3. _____ Phone: _____ Acct: # if any _____

Signature: _____

Terms: Our terms are net 30 days from the date of invoice: Any past due invoice may be assessed finance charge. Interest rate of 1 & ½% per month will be charged on all past due invoices. If account is placed for collection, you agree to pay all cost of collection, including reasonable attorney's fees, collection agency fees and / or court costs. You agree that 2M and or Regal Business Products may report the status of accounts to established reporting agencies and authorize the release of credit information as needed for processing this application.

For Office use only: _____

Approved: _____ Customer # _____ Customer informed _____ CS Rep: _____

2630 Nova Dr., Dallas, TX 75229
Telephone (972) 484-0000 Fax (972) 484-1234
www.2mbp.com