



MK DIAMOND PRODUCTS, INC.

1315 STORM PARKWAY

TORRANCE, CA 90509

(310) 257-2852 (310) 257-2893 FAX

CREDIT APPLICATION AND AGREEMENT

Company Name _____	Date _____
Street Address _____	Tel# _____
P.O. Box/Dept _____	Fax# _____
City _____	Email _____
	Zip _____

In This Location: (check one) ☐ Owned ☐ Leased

If Leased: List Lessor: _____

In Present Location Since: _____

Member of: _____ Trade Association(s) _____

OWNERSHIP

This Company is a: (check one) ☐ Corporation ☐ Proprietorship ☐ Partnership

Parent Company Name (if subsidiary) _____	Year Established _____
President/Owner _____	State of Incorporation _____
Home Address _____	VP/Partner _____
City, State, Zip _____	Home Address _____
Social Security # _____	City, State, Zip _____
Driver's Licence # _____	Social Security # _____
Principle Business of Firm _____	Driver's Licence # _____
Federal Tax I.D. # _____	

PLEASE SUBMIT: 1) Resale Certificate

2) Financial Statements - Latest Balance Sheet & Income Statement
(we keep this information in strict confidence)

AGREEMENT

The undersigned represents that the information provided herein is true and correct. Authorization is given to MK Diamond Products, Inc., to make inquiries as necessary to obtain information and to bank(s) of record to release information regarding the Applicant's account(s). If credit is extended to Applicant, Applicant agrees to pay all invoices according to the terms stated thereon as and when due; to pay a late fee (time-price differential) of one and a half (1-1/2%) percent per month on all amounts past due; and to pay collection costs including reasonable attorney's fees and cost of suit.

NAME (Print) _____
TITLE _____

SIGNATURE _____
DATE _____

PLEASE COMPLETE TRADE & BANK INFORMATION
MUST BE PROVIDED BY APPLICANT

BANK REFERENCES

Bank _____
Address _____
Phone _____ Fax _____
Checking Account # _____ Savings Account # _____
Account Representative _____ Open Credit Line _____

TRADE INFORMATION

#1
Company Name _____
Address _____
Phone _____ Fax _____
#2
Company Name _____
Address _____
Phone _____ Fax _____
#3
Company Name _____
Address _____
Phone _____ Fax _____
#4
Company Name _____
Address _____
Phone _____ Fax _____

MUST BE COMPLETED BY SALES REPRESENTATIVE

Salesman Name _____ Salesman Number _____
Customer Class ☐ Rental ☐ STAFDA/Construction supply
☐ Tile ☐ Building Material
☐ Hardware ☐ Export (if Export which Country) _____
☐ Lapidary
Back Order ☐ Yes ☐ No
PO Number Required ☐ Yes ☐ No
Authorized Buyer(s) _____
Contact _____
Special Instructions _____
Ship to Information _____
Competitive Lines Carried _____
Estimated Annual Volume \$ _____
Sales Representative Signature _____ Date _____

CREDIT INFORMATION MUST BE
FAXED TO (310) 257-2893