



Name/Address

Last:	First:	Middle Initial:	Title:	
Name of Business:			Tax I.D. Number:	
Address:			Amount of Credit Requested:	
City:	ST/Province:	ZIP/Postal Code:	Phone:	

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Exists or Registered:				
Corporation (ST):	Partnership:	LLC:	Proprietorship:	
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Pricinpal Responsible for Business Transactions:			Title:	
Address:	City:	State/Province:	ZIP/Postal Code:	Phone:
Name of Company Pricinpal Responsible for Financial Transactions:			Title:	
Address:	City:	State/Province:	ZIP/Postal Code:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking/Savings Acc#:	Checking/Savings Acc#:	Checking/Savings Acc#:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:
Fax #:	Fax #:	Fax #:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone #:	Phone #:	Phone #:
Account Open Since:	Account Open Since:	Account Open Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Credit Card Information

Credit Card Issuer:	Account Number:	Exp:	Credit Limit:	Current Balance:
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I hereby certify that the information contained herein is complete and accurate. This information had been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed on this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____

Date _____

Position _____

Terms and Conditions

- 1) Terms are Net 30 days.
- 2) Any account not paid in full after 30 days is deemed past due and subject to a 1.5%finance charge per month.
- 3) Finance charges are calculated on the entire past due balance, which may contain prior finance charges.
- 4) If at any time your account becomes delinquent, you will be subject to collection procedures.
- 5) Any court costs, attorney's fees, or charges associated with the collecting of a delinquent account are the responsibility of the above applicant.
- 6) Monnit will add a \$25 fee to your balance when a check is not honored or returned to us for insufficient funds.
- 7) Your credit limit is stated in your credit acceptance letter. If you exceed your limit, you must make a payment to continue charging.
- 8) Your status may be placed on hold if your balance becomes past due, or over the credit limit; keep track of your charges and balances.
- 9) It is your resposnibility to keep Monnit updated with your most current billing address and telephone number.
- 10) Payments are accepted at the address below via mail or over the phone via credit card.
- 11) If your payment does not specify which invoices to pay, Monnit will apply it to the oldest first, even if those items are finance charges.
- 12) Monit reserve the right to revoke your credit terms at any time.
- 13) Monnit can delay in enforcing or fail to enforce any of our rights under this agreement without losing them.

By signing the credit application above, I certify that I have read, understand and accept the terms stated within this credit agreement.

Please mail all payments to:

Monnit Corp. / Attn: Accounts Payable / 450 S. Simmons Way, Ste 670 / Kaysville / UT / 84037

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