



Landscape Materials

Serving Lake, Geauga and Cuyahoga Counties

CREDIT APPLICATION

OWNERSHIP:

BUSINESS NAME _____ DATE _____

STREET _____ CITY _____ STATE _____ ZIP _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE# _____ CELL PHONE# _____ FAX# _____ E-MAIL ADDRESS _____

- CORPORATION
- PARTNERSHIP
- LIMITED LIABILITY COMPANY

FED ID #: _____ S.S. #: _____

DATE ESTABLISHED _____ # OF EMPLOYEES _____ ACCOUNTS PAYABLE CONTACT _____

NAME (PRESIDENT) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME (VICE PRESIDENT) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

ACTIVE TRADE REFERENCES:

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____ PHONE _____

GENERAL:

HAVE YOU EVER APPLIED FOR CREDIT OR CONDUCTED BUSINESS WITH MRLM, LLC. OR JTO, INC. AFFILIATES? YES / NO IF SO, NAME? _____

HAVE YOU EVER FILED CORPORATE OR PERSONAL BANKRUPTCY? YES / NO P.O. REQUIRED? YES / NO

LINE OF CREDIT REQUESTED: _____ WILL YOU PAY SALES TAX? YES / NO **(IF NO, ATTACH CERTIFICATE OF EXEMPTION)**

AT PRESENT LOCATION SINCE: _____

TERMS:

IMPORTANT: OUR TERMS ARE NET 30 DAYS FROM DATE OF INVOICE. IF NOT PAID BY THE DUE DATE, PURCHASER AGREES TO PAY A SERVICE CHARGE OF 1.75% PER MONTH. ANY INVOICE AGING 45 DAYS OR MORE WILL RESULT IN A **CREDIT HOLD** BEING PLACED ON YOUR ACCOUNT. APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, AND THE ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE TERMS STATED ABOVE.

SIGNED _____ **DATE** _____

IN CONSIDERATION OF MRLM, LLC.'S EXTENSION OF CREDIT TO _____ I, _____ PERSONALLY AND UNCONDITIONALLY AGREE TO PAY ALL INVOICES, STATEMENTS, BILLS, AND ANY MONIES DUE TO MRLM, LLC. THAT ARE INCURRED BY THE ABOVE IDENTIFIED BUSINESS OR INDIVIDUAL AND NOT PAID BY THEM IN ACCORDANCE WITH THE CREDIT TERMS SET FORTH ABOVE. I UNDERSTAND THAT I AM PERSONALLY LIABLE FOR THIS DEBT REGARDLESS IF WHETHER DEBT EXCEEDS THE LINE OF CREDIT REQUESTED BY THE ABOVE IDENTIFIED BUSINESS OR INDIVIDUAL.

DATED THIS _____ DAY OF _____

SIGNATURE _____ PRINT / TYPE NAME: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE _____