

APPLICATION FOR CREDIT TO:  
**MECHANICAL SUPPLY CO., INC.**  
919 HORAN DRIVE  
FENTON, MO 63026  
636-343-9404 / FAX: 636-343-0144

Date: \_\_\_\_\_ Email Address for billing: \_\_\_\_\_

FIRM NAME (exact) \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Owner (s) \_\_\_\_\_

Is Business Inc.? \_\_\_\_\_ What State? \_\_\_\_\_ If not, your Soc. Sec. #: \_\_\_\_\_

List Corporate Officers: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

President: \_\_\_\_\_ Home Address: \_\_\_\_\_

Vice-Pres: \_\_\_\_\_ Home Address: \_\_\_\_\_

Secy: \_\_\_\_\_ Home Address: \_\_\_\_\_

Treas: \_\_\_\_\_ Home Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_

Do you Pay Sales Tax? Yes \_\_\_\_\_ No \_\_\_\_\_ (If not, attach Blanket Certificate)

Illinois Exempt Institutions Record Your "E" Number \_\_\_\_\_

REFERENCES: (Give only names of those you buy from on Open Account – Preferably local vendors).

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Account # \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Account # \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Account # \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Account # \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OVER

BANK ACCOUNT NUMBERS \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Estimated Amount of Monthly Credit Needed: \$ \_\_\_\_\_

The above statement of information is made for the purpose of obtaining merchandise from you on credit, and this certifies that you should rely on same as correct. Permission is granted to contact the above reference for any credit information desired.

**OUR TERMS ARE NET 30 DAYS.**

I/We further agree that in the event of default of payment of this account, the undersigned and each of them does hereby jointly, severally and irrevocably authorize any attorney of any court of record to appear for the undersigned, or any of them, in any such court in term time or vacation, at any time hereafter, and confess judgment without process against the undersigned, or any of them, in favor of Mechanical Supply Co., Inc. for such amount as may appear to be unpaid, or owing hereon, together with costs and reasonable attorney's fees and to waive and release all errors which may intervene in any such proceeding, and to consent to immediate execution upon any such judgment and that any execution that may be issued on any such judgment may be immediately levied upon and set aside out of any personal property the undersigned, or any of them, and to waive all rights of the undersigned, or any of them, to have personal property last taken and levied upon to satisfy any such execution; hereby ratifying and confirming all that said attorney may do by virtue hereof. If this application is signed by more than one person, they shall be liable jointly and severally hereunder; but the words "jointly" and "severally" as used in this application shall be disregarded in case it is signed by a corporation or by only one person.

You are authorized to release information with reference to checking, savings, loans, or credit lines that we have established with your firm to Mechanical Supply Co., Inc., or obtain a copy of my personal credit history, if applicable.

Signed \_\_\_\_\_ By \_\_\_\_\_  
(Full Name of Firm) (Name and Title)

Application taken by: \_\_\_\_\_

**SIX CONVENIENT MECHANICAL SUPPLY COMPANY LOCATIONS TO SERVE YOU**

919 HORAN DRIVE  
FENTON, MO 63026  
636-343-9404  
FAX: 636-343-0144

96 WELDON PARKWAY  
MARYLAND HTS., MO 63043  
314-567-5550  
FAX: 314-567-4906

720 S. MILL STREET  
FESTUS, MO 63028  
1-800-365-2333  
FAX: 1-800-382-3020

827 W. TERRA LANE  
O'FALLON, MO 63366  
636-240-4453  
FAX: 636-240-1645

2785 C SOUTH 11<sup>th</sup> STREET  
SPRINGFIELD, IL 62703  
217-544-2737  
FAX: 217-544-4754

319 CENTREVILLE AVENUE  
BELLEVILLE, IL 62220  
618-236-2772  
FAX: 618-236-2447