

Thank you for requesting an application of credit with Monnit Corporation.

Please fill out the attached Credit Terms Information & Application form and email it back to credit@monnit.com along with a copy of your W-9. You will hear back from the Accounting Department shortly.



3400 S. West Temple Salt Lake City, UT 84115 Tel.: 801-561-5555 Fax: 801-561-5575

Credit Terms Information & Application Please email back to credit@monnit.com along with W-9

Name: Phone:		Fa			Fax:							
Corporate Address:	City, State:			•				Zip:				
Billing Address:	City, State:						Zip:					
President:	D&B #:					Corporation ())		
Parent Co:	Controller:					Partnership ()		
Federal Tax ID:	State of Incorporation:					LLC ()						
Type of business:	Number of Employees:					Sole Proprietor ()						
How many years in business?	Credit line requested: \$					Other:						
Purchasing Agent(s):	Phone No:					Email:						
Accounts Payable:	Phone No:					Email:						
Are purchase orders required?		Is merchandise for re			r resa	ale?						
Monnit Corp. may charge your credit card for payments on account, charges in excess of credit limit, or in case of account default without prior written notification												
Visa MasterCard Amex Card #			Expiration:			Card Verification Code:						
Shipping Address:			City, State:				Zip:					
	Banking Refe	rence	S									
Bank Name Phone:			Fax:									
Acct No.												
Address												
Trade References REQUIRED												
1.) Name:	Phone:			Fax	ι:							
Acct No: Contact:			Email:									
Address:												
2.) Name	Phone:		Fax:									
Acct No:	Contact:			Email:								
Address:			City, State:					Zip:				
3.) Name	Phone:			Fax								
Acct No:	Contact:			Em	Email:							
Address:			City, State:					Zip:				
	<u> </u>							MCA09082	0			
Signature of Authorized Agent / Cardholder	Т	itle				-	D	ate				