



Howell Mouldings, L.C.

The Oak Picture Frame Specialists
 201 Overland Park Place
 New Century, KS 66031
 800.748.8472 Fax 913.829.0821

**Credit
 Application**

Please provide the following contact information:

Customer Name		Phone #
Address		Fax #
City	State	Zip
Business or Trade Name (if different than above)		Phone #
Address		Fax#
City	State	Zip
Person to Contact Regarding Account		Phone #
State Incorporated (if any)		Fed ID #
Sales Tax Number	State Issued	Years In Business
This Business is a: (choose one) <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		

List Owners, Officers, Principals, or Partners

President / Partner / Owner	Title	Phone #
Other Officer / Owner	Title	Phone #
Other Officer / Owner	Title	Phone #
Other Officer / Owner	Title	Phone #

Bank Reference: Savings, Checking, Loan, and Other (I hereby authorize any bank, financial institution or creditor of any kind or character to disclose to Howell Mouldings, L.C. full information as to my past, present, or future accounts.)

(Name)	(Account #)	(Contact	(Phone)
(Address)	(City)	(State/Zip)	(Type of Accounts)

Trade/Credit References: (I hereby authorize the following trade references to disclose to Howell Mouldings, L.C. full information as to my past, present, or future accounts.)

(1)	(Name)	(Address)	(Contact)	(Phone)
(2)	(Name)	(Address)	(Contact)	(Phone)
(3)	(Name)	(Address)	(Contact)	(Phone)
(4)	(Name)	(Address)	(Contact)	(Phone)

AUTHORIZATION AND AGREEMENT: By signing below, the undersigned warrants that all of the information contained in this Application for Credit or given in connection with it is true and correct. If credit is extended, payment for any and all purchases made by the undersigned will be paid at New Century, Kansas when the same shall be due and payable, on the terms and conditions of Howell Mouldings in effect on the date of purchase. Failure to meet the payment terms of Howell Mouldings, L.C. may result in the termination of credit and/or cause future orders, if any, to be shipped on a COD basis.

AUTHORIZED SIGNATURE _____ (Title) _____ (Date) _____
 (Owner, Partner, or Corporate Officer)