



**CREDIT APPLICATION**

*Please Mail, Fax, or Email Completed Applications to:*  
Attn: Credit Department  
MJM Associates Inc  
8100 S Akron St – Ste 308  
Centennial CO 80112  
[klemaire@mjmassoc.com](mailto:klemaire@mjmassoc.com)

COMPANY NAME: \_\_\_\_\_ DBA: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL \_\_\_\_\_  
PRINCIPAL'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
TYPE OF COMPANY:  CORPORATION  LLC  PARTNERSHIP  SOLE PROPIETOR  
**(INCLUDE VALID STATE RESALE TAX CERTIFICATE)**

**BANK REFERENCE**  
BANK NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCT# \_\_\_\_\_ FEIN: \_\_\_\_\_

**TRADE REFERENCES** (PLEASE FILL OUT COMPLETELY – SHOULD REFLECT MAJOR SUPPLIERS)

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ ACCT# \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**Authorized Signature:** (Bank requires person who is authorized on bank account for signature)  
I hereby authorize MJM ASSOCIATES, INC. to contact the above bank and/or trade references for the purposes of determining credit eligibility. I guarantee to abide by the terms and conditions of sale as stated below by MJM Associates, Inc.  
**SIGNED:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**COMPANY NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TERMS: OPEN ACCOUNTS MUST BE PAID 30 DAYS FROM DATE OF INVOICE - CREDIT TO ACCOUNT ONLY  
NO RETURNS AFTER 30 DAYS**