



**M.A. INDUSTRIES, INC.**

Quality Products through Creative Research

M.A. INDUSTRIES, INC.  
P.O. BOX 2929  
PEACHTREE CITY, GA 30269  
770-487-7761 770-487-1482 FAX  
AR@MAIND.COM

**CREDIT AGREEMENT**

CUSTOMER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ BUSINESS FAX: (\_\_\_\_\_) \_\_\_\_\_

COMPANY EMAIL: \_\_\_\_\_ COMPANY WEBSITE: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TYPE OF LEGAL ENTITY: [ ] CORPORATION [ ] PARTNERSHIP [ ] GOVERNMENT

FEIN: \_\_\_\_\_ IF SOLE PROPRIETOR, SOCIAL SECURITY #: \_\_\_\_\_

NAME OF PRINCIPAL SHAREHOLDER OR GENERAL PARTNER(S): \_\_\_\_\_

\_\_\_\_\_ PHONE #: (\_\_\_\_\_) \_\_\_\_\_

IF DIVISION/SUBSIDIARY, NAME OF PARENT COMPANY: \_\_\_\_\_

PARENT COMPANY ADDRESS & OFFICER TO CONTACT: \_\_\_\_\_

\_\_\_\_\_

**SALES TAX EXEMPTION STATUS**

IF TAX EXEMPT, PROVIDE TAX EXEMPTION #: \_\_\_\_\_

\*\*\* COPY OF EXEMPTION CERTIFICATE MUST BE ATTACHED \*\*\*

**BILLING CONTACT INFORMATION**

BILLING CONTACT: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_

**ELECTRONIC INVOICING**

IF YOU WOULD LIKE TO RECEIVE INVOICES AND STATEMENTS VIA ELECTRONIC MAIL, PLEASE PROVIDE EMAIL ADDRESSES: \_\_\_\_\_

**SHIP TO LOCATIONS**

PLEASE LIST SHIP TO LOCATIONS FOR YOUR ACCOUNT. ATTACH ADDITIONAL PAGE IF NECESSARY.

ADDRESS	CONTACT	PHONE#	COUNTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SHIPPING INSTRUCTIONS**

PLEASE LIST ANY SPECIAL SHIPPING REQUIREMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REFERENCES**

BANK NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VENDOR: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VENDOR: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VENDOR: \_\_\_\_\_

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

By execution of this agreement, customer and any guarantor agree to the following: (1) to pay all invoices in strict accordance with the terms stated thereon. **Unless otherwise provided, terms of payment shall be net 30 for all products.** (2) to pay a finance charge equal to one and one-half percent (1.5%) per month on any past due balance or alternatively, the highest amount allowed by applicable state or federal law. (3) to pay a service charge of \$30.00 on any returned check or other item. (4) that a restocking fee of 25% may be charged on returned merchandise. (5) that credit may not be issued for merchandise damaged during transit if delivery is signed by customer as complete and in good condition. (6) that the extension of credit to customer is at the sole discretion of M. A. Industries, Inc., and that the extension of credit or the terms thereof may be withdrawn or changed by M.A. Industries, Inc., in its sole discretion. (7) that in the event customer's account is placed for collection, customer will pay all costs of collection allowed by law including a reasonable attorney's fee. (8) that this agreement will be governed by and construed in accordance with laws of the State of Georgia. (9) that customer waives any rights to exemption under the Constitution of the State of Georgia or any other state bank or credit references shown herein for purposes of obtaining credit information and to assist in the investigation of customer's credit. (10) that M. A. Industries, Inc., has relied to its detriment on all information provided herein by customer. (11) that customer will provide current financial statement to M. A. Industries, Inc., as often as requested.

Customer authorizes any bank, commercial business or other person with whom customer has dealt to give any and all information necessary to M. A. Industries, Inc., in its credit investigation.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

Return completed Credit Agreement to fax # 770-487-1482 or email to AR@MAIND.COM.

Please supply a current financial statement. Omission of any requested information above could result in delay or denial of Credit Agreement.