



Microfibersinc.com
By Direct Mop Sales, Inc.

Credit Application and New Account Set-up Information

General Information:

Date: _____

Company Information:

Company Name: _____

Billing Address: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

Contact Name & Email Address: _____

Email Address for Order & Shipping Confirmations: _____

Years in Business: _____

Line of Credit Required: _____

Taxpayer ID or SSN: _____

Type of Business: Sole Proprietorship ____ Partnership ____ Corporation ____ Sub-S Corporation ____

If your company is tax exempt please provide your tax exempt number _____ and fax in a copy of your exemption certificate with your credit application.

If credit is granted, company promises to pay bills within the Net 30 day credit terms extended.

Authorized Signature: _____ Title: _____ Date: _____

Print Name: _____

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7700 Schuele Rd, Atchison KS 66002

Phone: 866-475-8667

Fax: 913-367-2095

Web: www.microfibersinc.com

Email: sales@microfibersinc.com

Credit References:

Reference 1: Company Name: _____
 Address: _____
 Phone Number: _____
 Contact: _____

Reference 2: Company Name: _____
 Address: _____
 Phone Number: _____
 Contact: _____

Reference 3: Company Name: _____
 Address: _____
 Phone Number: _____
 Contact: _____

Bank Reference: Bank Name: _____
 Phone Number: _____
 Contact: _____
 Bank Address: _____

Fax Completed Application to Microfibersinc.com at 913-367-2095 or email application to sales@microfibersinc.com or mail to Microfibersinc.com 7700 Schuele Rd, Atchison KS 66002