

**MOYER DIEBEL**  
3765 Champion Blvd  
WINSTON – SALEM, NC 27105  
PHONE NO. 336 661 1992  
FAX NO. 336 661 1979

**CREDIT APPLICATION**

Legal Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Trade Name: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Business Address: \_\_\_\_\_ City: \_\_\_\_\_  
County/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
County/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

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Type of Business (Check One):     Corporation     Partnership     Proprietorship     Other

Line of Business: \_\_\_\_\_

Length of time in business: \_\_\_\_\_ Length of time at current address: \_\_\_\_\_

Estimated Annual Purchases: \_\_\_\_\_ Approximate New Worth: \_\_\_\_\_

Current Financial Statement:     Attached     Not Attached    No. of Employees: \_\_\_\_\_

Are you Sales Tax Exempt:     Yes     No    If Yes, attach current exemption certificate.

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**Owner / Officers:**

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Title: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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**Banking:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Account #: \_\_\_\_\_ Branch #: \_\_\_\_\_ Transit #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Are Assets Secured?     Yes     No

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**Trade References:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Information provided will be kept in confidence. In order to obtain or maintain an open account, it may be necessary to grant a security interest to Moyer Diebel and/or personally guarantee the obligations of the company.

We certify that all the information in this form is correct and that we fully understand your credit terms. We agree to proper payment in consideration of credit extended by Moyer Diebel.

Date: \_\_\_\_\_ Authorized Signing Authority: \_\_\_\_\_

Title: \_\_\_\_\_

**OFFICE USE ONLY**

Date of Application: \_\_\_\_\_ Account Opened:  Yes  No Credit Limit: \$\_\_\_\_\_

Date of Approval: \_\_\_\_\_ Approved By: \_\_\_\_\_

PLEASE INCLUDE YOUR HOME STATE RESALE CERTIFICATE