



mi hub  
 North America  
 401 Salem Road | Jeffersonville  
 IN 47130

866-548-8434

Please return this application to: [billing@mi-hubus.com](mailto:billing@mi-hubus.com)

## Credit Application

**Credit Limit Requested:** \_\_\_\_\_

### Company Information:

Tax ID or Social Security Number: \_\_\_\_\_ Dun and Bradstreet #: \_\_\_\_\_

Sales Tax Status:       Taxable       Tax Exempt

**Copy of Tax Exempt form/Resale Form must be attached or sales tax will be included on invoice.**

Type of Ownership:  Individual     Partnership     Corporation     Other (explain)

If Incorporated- year Incorporated (yyyyy) \_\_\_\_ State Where Incorporated \_\_\_\_

Legal Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name of Parent Company (if Applicable): \_\_\_\_\_

Address of Parent Company: \_\_\_\_\_

Name of Directors, Partners or Sole Proprietors: \_\_\_\_\_

Have you done business under another name :     No     Yes Explain \_\_\_\_\_

Have you or your company ever filed bankruptcy?     No     Yes Explain: \_\_\_\_\_

State any other information that you consider pertinent to an evaluation of your credit:

### Billing information: (Invoices will be emailed unless otherwise noted)

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Department: \_\_\_\_\_

Attention : \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Billing Contact Title: \_\_\_\_\_

Billing Phone Number : \_\_\_\_\_

Billing Email Address : \_\_\_\_\_

### Purchase Order Policies:

We will be using individual (Purchase Orders or Authorization Letters) which are only valid if signed by the following person(s). Please attach copy of all the PO/Letter which will be used.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

We will not be using Purchase Orders, however a purchase order number/authorization number is required and can be obtained by contacting \_\_\_\_\_ at \_\_\_\_\_ between the hours of \_\_\_\_\_.

We will not be using Purchase Orders, so we have attached a list of names of the people who are authorized to purchase on this account. We understand that if we do not notify you of the termination of any of the persons listed, that we will be responsible for any purchases made by that person.



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**REFERENCES and CREDIT HISTORY (Do not use credit cards or personal references)**

**BANKS:**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Officer Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bank Officer Name: \_\_\_\_\_

**Credit/Commercial:**

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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APPLICANT: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code : \_\_\_\_\_

Applicant agrees that the extension of credit by Mi-Hub AA Corp. (hereafter "Seller") are subject to and in consideration of the following terms and conditions:

The above-named company ("Applicant") hereby makes application for credit and provides the information herein, which is warranted to be true and correct, for the purposes of inducing Mi-Hub AA Corp, to make parodic sales of goods to Applicant on credit.

**All payments shall be remitted to: Mi-Hub AA Corp, PNC Bank, Account #8026476361, Routing #031207607**

1. Payment in full as evidenced by the account shall be made no later than the due date as stated on each invoice.
2. Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, all subsequent charges, costs, and legal fees shall be the responsibility of the Applicant.
3. Applicant understands that the Seller will make its standard credit investigation and hereby waves any claim of privacy as to the information derived there from and authorizes Applicant's bank to release information requested by seller.
4. The Applicant and the undersigned individually warrant that the undersigned is dully authorized and empowered to borrow, execute, and carry out the terms of this agreement an all documents and instruments delivered by the Applicant pursuant to this agreement.
5. The undersigned agrees that all credit extended shall be deemed subject to all the terms and conditions of this agreement.

**Please read before signing:**

The Applicant requests Mi-Hub AA Corp. set up a customer billing account for the Applicant.

**The Applicant understands that the terms are net 30 days from the invoice date.**

The Applicant understands that a copy of the Applicant understands that a copy of the Applicant's purchase order may not be available at the time of invoicing, and therefore, will not accompany the invoice. However, the purchase order number(s) will be listed on the invoice. Applicant understands that due to the cost of fabric there are additional charges for Big and Tall Sizes. Applicant understands that even though Applicant is quoted a particular price at the time of the account is opened, prices are subject to change. Applicant agrees to grant permission to third parties to furnish selected information regarding our financial condition.

Print Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_