



McConkey is a licensed trademark  
of Surain Industries, Inc.

**Application for Credit**  
Confidential Information

PO Box 1690  
Sumner, WA 98390  
P: (253) 299-7133  
F: (253) 299-7134  
www.mcconkeyco.com  
j.massa@mcconkeyco.com

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City ST Zip

Shipping Address \_\_\_\_\_

City ST Zip

Accounts Payable Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Purchaser Contact \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Type of Entity: ☐ Proprietorship ☐ Partnership ☐ Incorporated Date of Incorporation \_\_\_\_\_

☐ Other State of Incorporation \_\_\_\_\_

Federal ID # \_\_\_\_\_ State ID # \_\_\_\_\_

**Key Management Members & Owners**

Name	Title	% of Ownership	Phone Number

Have you ever purchased from McConkey before? ☐ Yes ☐ No Estimated 1<sup>st</sup> Order Amount \$ \_\_\_\_\_

Estimated Monthly Purchases \$ \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

**Business References (Phone number & email address required for processing)**

	Reference 1	Reference 2	Reference 3
Company Name			
Street Address			
City & State			
Phone Number			
Email Address			

Bank _____	Phone # _____
Address _____	
City ST Zip	
Contact Person _____	Title _____ Phone # _____
Checking Account # _____	Loan # _____

Authorization is hereby granted to request and extend credit information without liability on the part of J.M. McConkey & Co., Inc, or reference above. Terms are net 30 days unless otherwise stated on the invoice. Past due accounts will be assessed a finance charge of 1.5% per month or at a rate that is allowed by local laws and necessary to cover related costs. In the event it becomes necessary to release an account to outside collection agents or an attorney, all related costs will be added to the debtors due. I/We have read, understand, and accept these terms. I/We agree to notify you promptly of any change in ownership of the business conducted under the account name, and agree to liability for all charges to the business conducted under the account name unless and until we receive written notice of a change of ownership of that business.

Responsible Officer - Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Please FAX back to us at (253) 299-7134**

## INDIVIDUAL PERSONAL GUARANTEE

Date \_\_\_\_\_

We / I \_\_\_\_\_  
Name (Please Print)

Residing at \_\_\_\_\_  
Address City ST Zip Code

For and in consideration of J.M. McConkey Co. Inc., extending credit at our/my request.

To \_\_\_\_\_ (hereafter referred to as the "Company"), hereby personally guarantee to bind to you the payment of any obligation of the Company and We/I hereby guarantee to bind ourselves/myself to pay you on demand any sum which may be due to you by the Company whenever the company shall fail to pay the same. It is understood that this guarantee shall be a continuing guarantee and indemnity for such indebtedness of the Company.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

"Good Credit in the markets of the world enables a merchant to add to his ability to do business. It gives him the use of enlarged capital, thus enabling him to carry a more complete stock, improve his sales and increase his products.

The approver of credit becomes, in a certain sense, a partner of the debtor, and as such, has a right to complete information about the debtor's condition at all times.

A merchant who desires to serve his own best interests should recognize that his most valuable possession, apart from his actual assets, is a sound, substantial, and unquestioned credit reputation."

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### BANK RELEASE FORM

Due to the tightening of regulations in the divulging of credit information, banks are now requiring a written authorization form from their depositor for release of any information in regards to their account.

Your courtesy in signing and promptly returning the form below would be appreciated so that we may answer your request for an open account with our company as quickly as possible.

Company \_\_\_\_\_ Federal ID Number \_\_\_\_\_

I give my permission for the release of information about my account as required on the attached bank credit reference letter.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please FAX back to us at (253) 299-7134  
Call us at (253) 253-7133 if you have any questions