



mStone Monument LLC

Business Credit Application Form

Please Submit Application to:
info@mStoneMonument.com
Phone: 1-800-960-3511

General Business Information		Parent/Affiliated Companies (if applicable)	
Legal Business Name:		Business Name:	
Address:		Address:	
City:	State: Zip:	City:	State: Zip:
Phone #: () -		Phone #: () -	
Fax #: () -		Fax #: () -	
Website:		Website:	
Federal Tax ID #: _____			
(Note: If applicable, copy of reseller or tax exemption certificate required.)			
Type of Business: Individual _____ Partnership _____ Corporation _____ Govt. Agency _____			
Other _____			
Years in Business: _____ Year of Inc: _____ State of Inc _____			
Name of person responsible for purchasing: _____			
Telephone: _____ Email: _____			
Name of person responsible for purchasing: _____			
Telephone: _____ Email: _____			

Name of Owners, Partners, or Officers			
Name:		Name:	
Title:		Title:	
Phone #:	() -	Phone #:	() -
Email:		Email:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	

Trade Reference Information

Company Name:		Company Name:	
Contact Person:		Contact Person:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	
Phone #:	() -	Phone #:	() -
Fax #:	() -	Fax #:	() -
Email:		Email:	
Account #:		Account #:	
Credit Limit:		Credit Limit:	

Bank Reference Information

Bank Name:		Bank Name:	
Contact Person:		Contact Person:	
Address:		Address:	
City:		City:	
State & Zip:		State & Zip:	
Phone #:	() -	Phone #:	() -
Fax #:	() -	Fax #:	() -
Email:		Email:	
Checking Acct:		Checking Acct:	
Savings Acct:		Savings Acct:	

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature of Authorized Owner, Partner or Corporate Officer Required.

Please include current financial statements. Personal financial statements for all owners/officers must be furnished for companies in existence less than two years.

Signature of Owner, Partner or Corporate Officer**Date****Printed Name of Signer****Title**

Sales Tax Exemption Certificate

Please Submit Application to:
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Name of Firm (Buyer): _____

Address: _____ City: _____

State: _____ Zip: _____

Buyer is Engaged as a Registered:

Wholesaler _____ Retailer _____ Lessor _____ Manufacturer _____ Other _____

and is registered with the below listed state(s) where your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

State	Registration #	State	Registration #	State	Registration #
AL	_____	MA (*)	_____	PA	_____
AR	_____	MD	_____	RI (*)	_____
AZ	_____	ME	_____	SC	_____
CA (*)	_____	MI	_____	SD (*)	_____
CO	_____	MN	_____	TN (*)	_____
CT (*)	_____	MO	_____	TX	_____
DC (*)	_____	MS (*)	_____	UT	_____
FL (*)	_____	NC	_____	VA	_____
GA	_____	ND	_____	VT	_____
IA	_____	NE (*)	_____	WA	_____
ID	_____	NJ	_____	WI (*)	_____
IL	_____	NM	_____	WV	_____
IN	_____	NV	_____	WY	_____
KS	_____	NY	_____		
KY	_____	OH	_____		
LA	_____	OK	_____		

(*) = If you are registered in these states, we will need a copy of each State Certificate attached with this application.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax, we will pay the tax due direct to the proper taxing authority when state law so provides or informs the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the state.

General Description of Products to be Purchased from Seller:

Under penalties of perjury, I swear or affirm that the information on this form is true and correct as to every material matter.

Authorized Signature: _____

Title: _____ Date: _____