



12220 PARKWAY CENTRE DRIVE, POWAY CA, 92064

800-367-5900 or (858) 715-2500

800-958-4729 or (858) 715-2514

888-400-2527 or (858) 715-2527

fax: 800-367-5903 or (858) 715-2525

fax: 800-367-5903 or (858) 715-2525

fax: 800-367-5903 or (858) 715-2520

info@moteng.com

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CREDIT APPLICATION

NAME OF FIRM OR CORPORATION: _____ DATE: _____

STREET: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

TYPE OF BUSINESS: _____ YEARS ESTABLISHED: _____

LEGAL ENTITY: Corporation Partnership Proprietorship CALIFORNIA RESALE NUMBER: _____

(If a corporation, list names of officers and titles: if other entity list names of partners or owners.)

NAME: _____ TITLE: _____ HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

NAME: _____ TITLE: _____ HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____

TRADE REFERENCES: Please fill out completely.

1.	COMPANY _____	STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
	CONTACT NAME _____	PHONE _____	FAX _____	ACCOUNT NUMBER _____	
2.	COMPANY _____	STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
	CONTACT NAME _____	PHONE _____	FAX _____	ACCOUNT NUMBER _____	
3.	COMPANY _____	STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
	CONTACT NAME _____	PHONE _____	FAX _____	ACCOUNT NUMBER _____	
4.	COMPANY _____	STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
	CONTACT NAME _____	PHONE _____	FAX _____	ACCOUNT NUMBER _____	

BANK REFERENCES: Please fill out completely, including bank account number. (Signature below authorizes bank to disclose relevant credit information.)

BANK NAME _____	STREET ADDRESS _____	CITY _____	STATE _____	ZIP _____
CONTACT NAME _____	PHONE _____	FAX _____	ACCOUNT NUMBER _____	

NOTE 1: Invoices are due when rendered. A service charge of 1.5% per month (18% per annum) will be charged on unpaid balances over 30 days.

NOTE 2: This signature by applicant acknowledges that he/she has read the above terms and conditions.

NOTE 3: This credit application must be signed in order in order for applicant to qualify for credit; no exceptions.

AMOUNT OF CREDIT REQUESTED: \$ _____

_____ SIGNED _____ DATE _____