



**B.C. MacDonald & Company**  
 1265 Research Blvd., St. Louis, MO 63132  
 Phone: 314-993-2833 Fax: 314-993-0405  
[www.bcmac.com](http://www.bcmac.com) [sales@bcmac.com](mailto:sales@bcmac.com)

Credit Approved  
 By: \_\_\_\_\_ Date: \_\_\_\_\_  
 \$\$: \_\_\_\_\_ Sls: \_\_\_\_\_  
 Customer #: \_\_\_\_\_

**CONFIDENTIAL CREDIT APPLICATION**

We appreciate the opportunity to serve you. Please complete the following information in order that we may consider your request for extension of credit. The following information is submitted for your consideration as a basis for opening, updating, or increasing our account for extension of commercial credit. Our purchases will be made solely for use in the below named business and not for personal, family, or household purchases.

**Payment Options:**

For infrequent transactions, B.C. MacDonald & Co does not set customers to an open account basis; therefore, we offer several payment options for purchase orders. Please identify which option you prefer.

**Payment in Advance                      Cash on Delivery                      Credit Card (MC, Visa, Am Ex)                      PayPal**

Billing Information (Please Print/Type)	Ship-To Information (Please Print/Type)
Firm Name: _____	Name(if different): _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Business Phone: _____	Business Phone: _____
Fax Number: _____	Fax Number: _____
AP Contact: _____	Email: _____
Kind of Business: ___ Corporation ___ Partnership ___ Sole Proprietor _____ Other Years in Business: _____	
Subject to Backup Withholding: ___ Yes ___ No Sales Tax Exempt: ___ Yes(Copy of Certificate required)___ No	
Sales Tax #: _____ Federal ID #: _____ Credit Limit Request: _____	
<b>REFERENCES: List Bank and 3 major current suppliers</b>	
1. Bank: _____	3. Name: _____
Address: _____	Address: _____
Fax: _____ Ph: _____	Fax: _____ Ph: _____
Account No: _____	Ph: _____
2. Name: _____	4. Name: _____
Address: _____	Address: _____
Fax: _____ Ph: _____	Fax: _____ Ph: _____

In the event our account is not paid according to the terms set forth in the invoice or statement, we agree to pay a service charge on all delinquent amounts more than thirty (30) days past due. This charge will be computed by applying a periodic rate not to exceed maximum state rate of 1-1/2% per month to the previous month's unpaid balance. This service charge is to cover the rebilling costs and is not a method of financing our account. If the account becomes more than thirty (30) days delinquent and is placed in the hands of a collection agency, we agree to pay reasonable collection charges; and if placed in the hands of an attorney for collection suit, we agree to pay reasonable attorney's fees. The party or parties signing this application certify that the name of the firm as stated above is correct, that the firm is not insolvent, and that if the firm is a corporation, it is in good standing. For value received and in consideration of B.C. MacDonald & Company extending credit to the firm, the party or parties signing this application, in their individual capacity, jointly and severally guarantee payment of any and all of the firm's past and future indebtedness and obligations to B.C. MacDonald & Company. If corporation, two (2) offices must sign, giving their position. If partnership, a minimum of two (2) partners must sign. If sole partnership, owner must sign.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_