



AMOUNT OF CREDIT DESIRED \_\_\_\_\_  
ANY SPECIAL INSTRUCTIONS \_\_\_\_\_  
TAX EXEMPT # (CERTIFICATE REQUIRED) \_\_\_\_\_  
DO YOU ACCEPT BACKORDERS? \_\_\_\_\_  
P.O. NUMBER REQUIRED? \_\_\_\_\_  
NUMBER OF UNITS AT PROPERTY? \_\_\_\_\_

TYPE OF ACCOUNT YOU ARE APPLYING FOR:

OPEN ACCOUNT  
 DISCOVER  MASTERCARD  VISA  AMEX

CARD HOLDER \_\_\_\_\_  
ACCT. NUMBER \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

#### BANK REFERENCE

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCT. NUMBER \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_

#### TRADE REFERENCE

SUPPLIER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCT. NUMBER \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_

#### TRADE REFERENCE

SUPPLIER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
ACCT. NUMBER \_\_\_\_\_  
CONTACT NAME \_\_\_\_\_

#### IMPORTANT - PLEASE READ CAREFULLY

##### AUTHORIZATION TO RELEASE INFORMATION

THE UNDERSIGNED AUTHORIZES ANY BANK OR TRADE ACCOUNT TO RELEASE ALL INFORMATION TO MARCONE SUPPLY FOR THE PURPOSE OF OBTAINING CREDIT INFORMATION TO ESTABLISH AN ACCOUNT AND GRANTS PERMISSION TO MARCONE TO OBTAIN A CREDIT REPORT FROM ANY CREDIT REPORTING AGENCY.

##### PAYMENT TERMS

TERMS OF SALE ARE NET 10 EOM. A SERVICE CHARGE OF 1.5% PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ALL BALANCES OVER 30 DAYS PAST DUE. IF THE ACCOUNT MUST BE REFERRED FOR COLLECTION THE UNDERSIGNED AGREES TO PAY ALL COSTS INCLUDING BUT NOT LIMITED TO COLLECTION FEES AND ATTORNEY FEES.

##### PERSONAL GUARANTEE

THE UNDERSIGNED IN CONSIDERATION FOR THE EXTENSION OF CREDIT TO SAID APPLICANT HEREBY AGREES TO THE ABOVE TERMS AND CONDITIONS AND AGREES TO BE JOINTLY AND SEVERALLY LIABLE AND ASSUMES FULL RESPONSIBILITY FOR PAYMENT OF THE COMPANY'S ACCOUNT AND GUARANTEES PAYMENT OF ANY MONIES TO BECOME DUE ACCORDING TO THE ABOVE TERMS AND CONDITIONS.

PROPERTY OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MNGT COMPANY OFFICER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

ADDITIONAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Tax exempt certificates and cfc letters must be mailed with this completed form to:  
NEW ACCOUNT PROPERTY MAINTENANCE  
One City Place Dr. - Suite 400  
St. Louis, Missouri 63141