



1076 Florida Central Pkwy. sales@mconnectinc.com
Longwood, FL 32750 Fax: 407-339-0204
www.mconnectinc.com Toll Free: 877-744-VOIP(8647)

Date: Fax:
To:
Company:
From:

Company Name: Years in business: Years at location:
Billing Address: E-mail Address:
City: State: 9-Digit Zip Code: Estimated Credit Required:
Shipping Address: City: State: 9-Digit Zip Code:
Accounts Payable Contact:

Phone No: Fax No: E-mail:
Purchasing Contact:
Phone No: Fax No: E-mail:

Are you taxable? Yes No Is a PO required? Yes No D & B Number:
Corporation: Partnership: Proprietorship: Type of business activity:
Headquarter Information if Applicable: Parent Company Corporate

Company Name:
Address/City/State/Zip:
Phone No: Fax No: E-mail:

Table with 5 columns: Officer/Partner Names, Title, Home Address, Telephone, Social Security No.

I authorize the release of bank account information to Mconnect, Inc. for the purpose of establishing credit.

Authorized Signature:

Terms for open account are net 30-days from date of invoice. A finance charge of 1 1/2% per month of the unpaid balance will be added to your account on payments received past due. Annual percentage rate of 18%. The purchaser agrees to pay all costs of collection including a reasonable attorney's fee. Venue for any litigation under this credit application shall be proper only in Orange County, Florida. Sales are subject to Mconnect, Inc. terms and conditions.

Signature of Principal: Print Name:

The undersigned hereby personally guarantees any and all debts incurred by the above named business. I/We additionally agree to pay interest at 18% per year plus all costs of collection including a reasonable attorney's fee. Venue for any litigation under this credit application shall be proper only in Orange County, Florida.

Signature of Principal: Print Name:

All information and signatures requested must be provided. Please furnish trade and bank references, including fax numbers, on the following page.



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Date: _____ Fax: _____

To: _____

Company: _____

From: _____

Trade References

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____

Bank References

Bank Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Account Number: _____ Contact: _____

*If your company has locations in the state of Florida and is not taxable on purchases from Mconnect, Inc., please provide a signed copy of your annual resale certificate. **If we are not provided the certificate, we must charge sales tax.***