



409 Parkway Drive, Park Hills MO 63601
P. 314.543.4000 F. 314.543.4111

CREDIT APPLICATION & TERMS AGREEMENT

EMAIL completed form to Customerservice@mocap.com

Credit Limit Requested: _____

NAME/ADDRESS (billing information)

Business Name _____	TAX ID # _____ <small>*ssn if other than a corp.</small>
TRADE Name _____ <small>(if different then business name)</small>	
Address _____	D&B # _____
City _____ State _____	Zip _____

COMPANY INFORMATION

Type of Business _____	Start Date _____
Bus. Legal Form <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other _____	
Name of Parent _____ <small>(If Division or Subsidiary)</small>	Start Date _____
Annual Sales _____	
Accounts payable information	MOCAP LLC - emails invoices. Email address for invoices are required.
Name _____	INVOICE EMAIL _____
Email _____	Sales Tax Exemption # _____
Phone _____	State Exempt _____

BANK REFERENCES

Bank Name _____	Bank Phone _____
Bank Contact _____	Bank Address _____
Bank Email _____	

TRADE REFERENCES (minimum of 3 Trade references are required to receive credit)

	Company Name	Company Name	Company Name
Contact Name	_____	_____	_____
Address	_____	_____	_____
Phone	_____	_____	_____
EMAIL (required)	_____	_____	_____
Established Date	_____	_____	_____

In order to be exempt from Sales Tax, please provide a valid proof of exemption; ie Sales Tax Exemption Certificate. If a valid exemption is not received when product is shipped on behalf of the customer - sales tax will be charged if applicable and is required to be paid in full. The burden and responsibility for sales tax refunds will be the sole responsibility of the customer.

Credit Terms are 30 days from the date of invoice. Outstanding balances are subject to 1.5% per month interest. Failure to pay invoices timely can result in suspension of credit privileges upto and including revocation of terms. If default occurs, applicant agrees to pay any and all collection cost, including reasonable attorney's and paralegal's fees, and court cost incurred to collect delinquent balances and accrue interest at the foregoing rate.

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. I understand and accept the credit terms and sales tax provision within.

Name Signature

Title Date





Attention: ACCOUNTS PAYABLE

MOCAP's policy is to generate invoices via PDF format and send them via email.

Please email mocap.ar@mocap.com or contact our AR department directly. Please reference your customer's name or number for account validation.

Our preferred method of payment is an ACH or Wire transfer. We require all checks to be mailed directly to our LOCKBOX. See below for our REMIT TO address.

For customers who are granted credit terms, credit cards are not an authorized payment method.

MOCAP LLC, D/B/A's

Cleartec Packaging

Varistem

Beckett Packaging

X-Treme Tape



MOCAP LLC, Banking Information

Bank Name	Bank of America
Street Address	800 Market Street St. Louis MO 63101
Account Number	600100823147
Wire Routing Number	0260-0959-3
ACH Routing	81000032
Swift Code	BofA US3N
Reference Required	INVOICE NUMBER, CUSTOMER NUMBER, PO

LOCKBOX Remittance:

MOCAP LLC
PO BOX 60351
ST LOUIS MO 63160

ACCOUNTING CONTACT:

Karen Chapman
mocap.ar@mocap.com
P. 800-633-6775 ext. 534