



MOZO Credit Application

Please fax to 720.294.9563 or email to eve@mozoshoes.com

www.mozoshoes.com | (720) 542.7750 02/10/10

BUSINESS INFORMATION

Legal Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone # _____ Fax # _____

E-mail Address: _____

Date of Establishment: _____ Credit Line Requested \$ _____

Type of Business _____ Sole Proprietor _____ Partnership _____ Corporation _____ LLC

Principal(s) Names: 1) _____ 2) _____

Accounts Payable Contact: _____

Accounts Payable Phone Number: _____

Do you require Purchase Order or Voucher Numbers? _____ Yes _____ No

Federal ID # or Social Security # (If Sole Proprietorship): _____

Will You Pay State & Local Sales Taxes? _____ Yes _____ No

Note: If Tax-Exempt, Please Provide Your Federal Tax ID Number: _____

Please attach, fax, mail, or email a copy of your Tax Exempt Form. _____

BANK REFERENCE

Bank Name _____ Branch _____

Address _____ Account Number _____

Person to Contact _____ Phone # _____

TRADE REFERENCE

Company Name: _____

Address: _____

City/State: _____ Zip: _____

Telephone Number: _____ Fax: _____

We certify that all information on the credit application is true and correct.

Legal Company Name: _____

Signature: _____ Title: _____ Date: _____

Printed: _____

Signature: _____ Title: _____ Date: _____

Printed: _____

OFFICE USE ONLY

ACCOUNT #	COUNTY CODE	TAX STATUS
SALESMAN	TERMS	C/L
PER. GUARANTEE	FINANCIALS	CREDIT REPORT

