

CMO ENTERPRISES, INC.
113 TOWNE LAKE PARKWAY, SUITE 120
WOODSTOCK, GA 30188
PHONE: (770) 928-2860 FAX: (770) 928-3241

Date: _____ **E-Mail:** _____
To: _____ **Fax:** _____
From: Lynda Byrd **Pages Sent: 3**

Thank you for your interest in doing business with CMO Enterprises, Inc. Please find attached our Credit Application. **Please fill out and have appropriate party sign the last page** (if you have preprinted credit information, you may fax this in lieu of filling out the information on page one of our Credit Application.

WE MUST HAVE THE FOLLOWING INFORMATION IN ORDER TO PROCESS YOUR CREDIT APPLICATION:

- 1. INCLUDE COPY OF TAX EXEMPT CERTIFICATE IF YOU ARE TAX EXEMPT**
- 2. IF YOU ARE NOT TAX EXEMPT, COUNTY YOU ARE LOCATED IN _____**
- 3. INCLUDE YOUR BANK ACCOUNT NUMBER**
- 4. BE SURE TO INCLUDE FAX NUMBERS FOR ALL CREDIT REFERENCES**
- 5. HAVE THE LAST PAGE SIGNED. WE MUST HAVE THIS AUTHORIZATION.**
- 6. WILL YOU ACCEPT EMAILED ORIGINAL COPY OF INVOICES?**
EMAIL ADDRESS TO SEND INVOICES TO _____
- 7. RETURN THIS LETTER WITH YOUR CREDIT INFORMATION**

Orders will be shipped as soon as responses are received from your credit references. We at CMO look forward to servicing your packaging needs.

Regards,

Dean Owens
CMO Enterprises Inc.

CMO ENTERPRISES, INC.
113 TOWNE LAKE PARKWAY, SUITE 120
WOODSTOCK, GA 30188
PHONE: (770)928-2860 FAX: (770)928-3241

CONFIDENTIAL CREDIT APPLICATION

Company Name: _____ Phone: (____) _____

Billing Address: _____ Fax: (____) _____

City/State: _____

Zip: _____

Shipping Address: _____

City/State: _____

Zip: _____

Proprietorship _____ Partnership _____ Corporation _____ Date Incorporated: _____

Type of Business or Product Service: _____

Sales Tax I.D. #: _____ Fed I.D. #: _____

(Attach Exemption Certificate)

Purchase Order Required? Yes _____ No _____ Credit Limit Requested: _____

Credit References – Major Suppliers

Name: _____ Address: _____

City: _____ State: _____

Phone: (____) _____ Fax: (____) _____

Name: _____ Address: _____

City: _____ State: _____

Phone: (____) _____ Fax: (____) _____

Name: _____ Address: _____

City: _____ State: _____

Phone: (____) _____ Fax: (____) _____

Bank References:

Name: _____ Address: _____

Account# _____ City/State: _____

Phone: (____) _____ Fax: (____) _____

I hereby authorize CMO Enterprises, Inc. to obtain credit information from the cited references for the sole purpose of establishing payment terms with said company. It is understood that if my application is determined to be credit worthy, I hereby agree to abide by the published payment terms of CMO Enterprises, Inc.

Signature

Date

Title: _____

Company: _____

creditpcmo