



MK DIAMOND PRODUCTS, INC.
 1315 Storm Parkway
 P.O. Box 2803
 Torrance, CA 90509-2803

Phone 800-421-5830
 Fax 310-257-2893

CREDIT APPLICATION AND AGREEMENT

Company Name _____ Date _____
 Street Address _____ Tel # _____
 P.O. Box / Dept _____ Fax # _____
 City _____ State _____ Zip _____
 ; This location: (Check One) Owned Leased

If Leased: List Lessor: _____
 In Present Location Since: _____
 Member of: _____ Trade Association (s)

OWNERSHIP

This Company is a: (Check One) Corporation Proprietorship Partnership

Name of Parent Company (if subsidiary) _____ Year Established _____
 President/Owner _____ State of Incorporation _____
 Home Address _____ VP/Partner _____
 City, State, Zip _____ Home Address _____
 Social Security # _____ City, State, Zip _____
 Driver's License # _____ Social Security # _____
 Principal Business of Firm _____ Driver's License # _____
 Federal Tax I.D. # _____ Principal Business of Firm _____
 Federal Tax I.D. # _____

PLEASE SUBMIT

- 1) Resale Certificate
- 2) Financial Statements - Latest Balance Sheet & Income Statement
 (we will keep this in strict confidence)

AGREEMENT

The undersigned represents that the information provided herein is true and correct. Authorization is given to MK Diamond Products, Inc., to make inquires as necessary to obtain information and to bank(s) of record to release information regarding the Applicant's account(s). If credit is extended to Applicant, Applicant agrees to pay all invoices according to the terms stated thereon as and when due; to pay a late fee (time-price differential) of one and a half (1-1/2%) percent per month on all amounts past due; and to pay collection costs including reasonable attorneys' fees and cost of suit.

NAME (Print) _____ TITLE _____ DATE _____
 SIGNATURE _____



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**PLEASE COMPLETE TRADE & BANK INFORMATION
 MUST BE PROVIDED BY APPLICANT
 BANK REFERENCES**

Bank _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____
 Checking Account # _____ Savings Account # _____
 Account Representative _____ Open Credit Line _____

TRADE INFORMATION

#1
 Company Name _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____

#2
 Company Name _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____

#3
 Company Name _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____

#4
 Company Name _____ Tel: _____
 Address _____
 City _____ State _____ Zip _____

MUST BE COMPLETED BY SALES REPRESENTATIVE

Salesman Number _____
 Customer Class Rental Staff/ Construction Supply
 Tile Building Material
 Hardware Export (if Export which Country) _____

Back Order Yes No
 PO Number Required Yes No

Authorized Buyer(s) _____
 Contact _____
 Special Instructions _____
 Ship to Information _____
 Competitive Lines Carried _____
 Estimated Annual Volume \$ _____
 Sales Representative Signature _____

Credit App must be faxed back to 001-310-257-3033.
 Cannot be sent back electronically