



# Credit Application

Morey's Gifts  
8016 Canyon Ferry Road  
Helena, Montana 59602  
1-800-527-3828 Fax: 406-475-3144

Company Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years in Bus: \_\_\_\_\_

Years At Current Address: \_\_\_\_\_

Do you use Purchase Order Numbers? \_\_\_\_\_

Name of Owner 1: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner 2: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_

1. Trade Reference: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Acct No: \_\_\_\_\_

2. Trade Reference: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Acct No: \_\_\_\_\_

3. Trade Reference: \_\_\_\_\_

Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Fax No: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Acct No: \_\_\_\_\_

I certify that all the information on this form is correct and accurate. I fully understand that all purchases made during a month are due in 30 days from shipping date. I also understand that a service charge of 1.5% per month will be charged to all amounts not paid according to terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Federal ID No: \_\_\_\_\_

or SSN: \_\_\_\_\_

How did you here about us? \_\_\_\_\_