



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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business:  Proprietorship  Partnership  Corporation Time in Business: \_\_\_\_\_

Federal Tax ID#: \_\_\_\_\_ Resale Certificate #: \_\_\_\_\_

**Personal Information on Owners(s) / Stockholders**

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

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

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

Social Security #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Title & % of Ownership: \_\_\_\_\_ Title & % of Ownership: \_\_\_\_\_

**Bank Info**

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

Phone: \_\_\_\_\_ Account #: \_\_\_\_\_

**Trades Info**

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact/Acct. #: \_\_\_\_\_ Contact/Acct. #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact/Acct. #: \_\_\_\_\_ Contact/Acct. #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact/Acct. #: \_\_\_\_\_ Contact/Acct. #: \_\_\_\_\_

I hereby authorize our bank, trade references, financial institutions, and customers to release all credit information to Mosaic International Corporation and it's assignees.

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