



**ANYTIME  
MODU TRADING, INC.**

138 Kansas Street, Hackensack, NJ 07601  
TEL. 1-800-448-6638, FAX 201-343-5553

**NEW ACCOUNT APPLICATION FORM**

*Thank you for your interest in establishing an account with Modu Trading, Inc.  
Please complete the form below in its entirety and return to Modu Trading, Inc. at  
the fax number listed on the form.*

**BILLING ADDRESS**

**SHIPPING ADDRESS**

Business Name:

Address:

City, State, Zip:

Tel. & Fax:

Attention:

E-mail:

Business Name:

Address:

City, State, Zip:

Tel. & Fax:

Attention:

E-mail:

**GENERAL INFORMATION**

Owner:

Date Business Started:

Web Site Address:

Federal Tax ID #:

At Present Location Since Date:

Term and Amount of Credit Desired:

**TERMS AND CONDITIONS\***

*All accounts are COD CHECK, COD MONEY ORDER, or CREDIT CARD until a credit application has been completed, reviewed, and approved. If any debt is incurred pursuant to this request for credit is not paid in full when due, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee until paid in full*

**CREDIT REFERENCES**

Company:

Address:

Tel. & Fax:

Contact Person:

City, State, Zip:

Term and Credit Limit:

Company:

Address:

Tel. & Fax:

Contact Person:

City, State, Zip:

Term and Credit Limit:

Company:

Address:

Tel. & Fax:

Contact Person:

City, State, Zip:

Term and Credit Limit:

**ACCEPTANCE AND APPROVAL**

*Signing this application indicates my acceptance of the terms and conditions \* stated above. In addition, I authorize Modu Trading, Inc. to make any and all inquiries necessary to process this New Account Application.*

*Also, I certify that the above credit references are accurate, true, and complete and allow Modu Trading, Inc. to inquire as to this form legitimacy by contacting any or all of the credit references listed above.*

Applicant's Name and Title:

Date:

Signature:

***Upon completion, Please fax this form at 201-343-5553***