

PLEASE NOTE: We must have this completed form on file even if you are not requesting for credit terms.

ACCOUNT INFORMATION / CREDIT APPLICATION

Company is: Corporation Partnership Sole Proprietor (Check one) How long in business under present ownership?

BILL TO:

SHIP TO:

Company Name _____

Company Name _____

Address: _____

Address: _____

City _____ State: _____ Zip: _____

City _____ State: _____ Zip: _____

Tel: (____) _____ Fax: (____) _____

Tel: (____) _____ Fax: (____) _____

Contact Person: First Name _____ Last Name _____

Cellular Phone No.: (____) _____

Email Address: _____

Federal Tax ID No. _____

State Resale License No.: _____

Corporation/Company's Name: _____

Name of President/Owner: First Name _____ Last Name _____ SSN#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Name of Vice President/Owner #2: First Name _____ Last Name _____ SSN#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCE:

Bank Name: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

Checking Account No.: _____ Contact Person's Full Name (if any): _____

TRADE REFERENCES:

1. Company Name & Address: _____
Phone No.: (____) _____ Fax No.: (____) _____ Account No.: _____

2. Company Name & Address: _____
Phone No.: (____) _____ Fax No.: (____) _____ Account No.: _____

3. Company Name & Address: _____
Phone No.: (____) _____ Fax No.: (____) _____ Account No.: _____

OWNER'S/APPLICANT'S FULL NAME (PRINT): _____ **TITLE:** _____

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Please attach a copy of the Seller's Permit or Business License with this completed form and email, fax, or mail to MTC.