



CREDIT APPLICATION

BUSINESS INFORMATION

| | |
|------------------|----------------|
| Company Name | Subsidiary of: |
| Billing Address: | Ship Address: |
| City/State/Zip | City/State/Zip |
| Company Phone: | Company Fax: |
| Email Address: | Website: |

Billing Instructions: Please indicate how you would like to receive your Invoices.
 Email _____ Fax _____ USPS

| | | |
|---|-----------------------|----------------------|
| Business Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | Federal ID No. _____ | State of Inc.: _____ |
| Business Start Date: | Credit Limit Request: | |

OWNERSHIP / PRINCIPALS

| <i>Owner/Officer Name</i> | <i>Address</i> | <i>Title</i> | <i>Phone</i> | <i>Fax</i> |
|---------------------------|----------------|--------------|--------------|------------|
| | | | | |

CONTACT INFORMATION

| | | | | |
|---------------------------|--------|--------|--------|--|
| Purchasing Contact | Name: | Title: | | |
| | Phone: | Fax: | Email: | |
| Accounts Payable | Name: | Title: | | |
| | Phone: | Fax: | Email: | |

BANK INFORMATION

| | |
|------------------|---|
| Bank Name: | Contact: |
| Address: | Phone: |
| City/State/Zip | Fax: |
| Account No.: | Routing No. |
| Type of Account: | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ |

CREDIT REFERENCES

| <i>Company Name</i> | <i>Contact</i> | <i>Address</i> | <i>Fax:</i> | <i>Email:</i> |
|---------------------|----------------|----------------|-------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

AGREEMENT

- By the signature of the applicant (officer, principal, owner or partner), you hereby authorize Marco Industries Inc. to run a full Investigation of your credit history including, but not limited to, obtaining a consumer credit report.
- All information provided herein for the purpose of obtaining credit and that such information will be handled in confidence. I further understand that this and all supplemental financial and credit information supplied are part of this application, and that any false or misleading information shall constitute a fraudulent misrepresentation.

SIGNATURES

| | |
|---------------|--------|
| Signature: | |
| Printed Name: | Title: |
| Date: | |



CREDIT APPLICATION

MARCO OFFICE USE ONLY

| | |
|----------------------------|--|
| Terms: Net 30 Days | Credit Limit: |
| Territory: | Territory Sales Manager: |
| Customer Class Code: | Customer Price Class Code: |
| Doc Routing: | Customer No. |
| Sales Tax Permit Received: | <input type="checkbox"/> Yes <input type="checkbox"/> NO |
| RSD Signature Approval: | Date Approved: |
| Credit Manager Approval: | Date Approved: |