

MECOR INC. CREDIT APPLICATION

Company Name:

Phone:

Fax:

Website:

Resale #:

Federal Tax ID #:

Type of Business:

Corporation

Partnership

Proprietorship

How long in business:

Officers in responsible parties

Title

Driver's License # Social Security#

Business/Bill To Address:

City:

State:

Zip:

Country:

Check this box if your shipping address is the same as your billing address.

Ship To Address:

City:

State:

Zip:

Country:

Current Major Suppliers 1

Name:

Phone:

Fax:

Address:

City:

State:

Zip:

Account #:

Terms:

Credit Line \$:

Current Major Suppliers 2

Name:

Phone:

Fax:

Address:

City:

State:

Zip:

Account #:

Terms:

Credit Line \$:

Current Major Suppliers 3

Name:

Phone:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Account #:	<input type="text"/>	Terms:	<input type="text"/>
Credit Line \$:	<input type="text"/>		

Part 3

Bank Reference

Bank Name:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
		Zip:	<input type="text"/>
Account #	<input type="text"/>	Date Open:	<input type="text"/>

Part 4

I certify that all of the above information on this form is correct.

Read Carefully: I personally guarantee all debts incurred by the firm listed in Part (1) of this application form and accept full responsibility for all debts. I further agree to keep within your terms of granted open account. Should this account ever become delinquent and it be necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees, and the cost of such suit.

Authorized signers on account: _____

Name: _____ **Title:** _____

Date: _____