

Customer Credit Application

***** Please fill out the form completely to expedite the credit verification process *****

Company Name: _____

Billing Address: _____

Phone: _____

Fax: _____

Ship To Address: _____

Website: _____

Federal Tax Id #: _____

President: _____

Accounts Payable Contact: _____

A/P Contact e-mail: _____

Our terms are Net 20 Days. What are you're A/P procedures? _____

How long have you been in business? _____

Is your company tax exempt? _____

Please attached tax exempt and /or resale certificate.

Bank Information:

Name: _____

Phone: _____

Address: _____

Fax: _____

Bank Officer: _____

This information is for the purpose of obtaining credit and is certified to be true and correct. I hereby authorize M-B Companies, Inc. to investigate our credit.

Date: _____

Signature and Title: _____

Please return via fax: 920-898-4588 or e-mail to dschmidt@m-bco.com

