

CREDIT APPLICATION

LEGAL BUSINESS NAME _____ Date Established _____

D.B.A. _____

BILLING ADDRESS Street _____ City _____ State _____ ZIP _____

BILLING CONTACT _____ Phone _____ Fax _____

SHIPPING ADDRESS Street _____ City _____ State _____ ZIP _____

SHIPPING CONTACT _____ PHONE _____

HAVE YOU EVER FILED FOR BANKRUPTCY? NO YES PERSONAL BUSINESS DATE FILED: _____ STATUS: _____

LEGAL ENTITY

CORPORATION PARTNERSHIP Division of _____

SOLE PROPRIETORSHIP GOVERNMENT AGENCY Subsidiary of _____

PRINCIPAL _____ CONTROLLER _____

ACCOUNTS PAYABLE MANAGER _____ PHONE NUMBER _____

TRADE REFERENCES

VENDOR CITY STATE ACCOUNT # CONTACT PHONE

VENDOR CITY STATE ACCOUNT # CONTACT PHONE

VENDOR CITY STATE ACCOUNT # CONTACT PHONE

BANK REFERENCES

CHECKING CITY STATE ACCOUNT # CONTACT PHONE

SAVINGS CITY STATE ACCOUNT # CONTACT PHONE

Applicant hereby authorizes the release of credit and bank information to MMI by the references listed on this application.

Signed at _____ as of this ____ day of _____, 20__

Officer/Owner _____ Print name _____