



## CREDIT APPLICATION

Date: \_\_\_\_\_ Account # \_\_\_\_\_ Fed Tax ID # \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Date Established: \_\_\_\_\_

Trade Style (DBA): \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Fax # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Description of Business: \_\_\_\_\_ Website: \_\_\_\_\_

1. Sole Proprietorship: \_\_\_\_\_ 2. General Partnership: \_\_\_\_\_ 3. Corporation: \_\_\_\_\_

**Note:** If #1 or #2 is checked, please complete the following:

	Name of Principals	Residential St. Address	City/State/Zip Code	SS#	Home Phone
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Tax Status: \_\_\_\_\_ Taxable: \_\_\_\_\_

*Resale (Please attach an original copy of your Tax Exempt Certificate)*

Estimated Annual Sales: \$ \_\_\_\_\_ Are you listed in D&B? DUNS: # \_\_\_\_\_

### Trade References

	Business Name	Address	City/State/Zip Code	Phone	Fax
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

### Bank References

1.	_____	_____
	Account # _____	Account Type: _____
2.	_____	_____
	Account # _____	Account Type: _____

I understand that the information furnished above is for the sole purpose of obtaining Credit with MaxVac Inc. and certify that this is true and correct. I also agree, should credit be granted, that I would comply with MaxVac Inc. Terms and Conditions of Sale.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date