



601-G North 1st Street
Patterson, CA 95363

877-MAX-2500
209-892-1756(fax)

maxvac@maximumvacuum.com

MaxVac Inc.

CREDIT APPLICATION

Date: _____ Account # _____ Fed Tax ID# _____

Name of Firm: _____ Phone #: () _____

Trade Style (DBA): _____ Date Established: _____

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 # _____	Type of Account: _____	
2. _____	() _____	() _____
Account #: _____	Type of Account: _____	

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