

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account: ___ Savings ___ Checking ___ Other Account number (last 4 digits):

TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize Municipal Marking to make inquiries into the banking and trade references that you have supplied.

SIGNATURES

AUTHORIZED SIGNATURE: _____ MMD SIGNATURE: _____

PRINTED NAME: _____ DATE: _____