

## Credit Application



Date:			
Firm Name:			D/B/A:
Street Address:			Phone:
City:	State:	Zip:	Fax:
<b>Full name of owner(s) or an authorized officer of corporation. List full home address for partnership or individual</b>			
Accounting Contact:			
Please Circle One:	Individual   Partnership   Corporation	Fed Tax No. or SSN:	
<b>Additional Information Required For Conditional Sales Contract Under The Uniform Commercial Code</b>			
Debtor (Individual Signing Contract):		Title:	
Debtor's Social Security No.			
Type of Business:		Date Started:	
Tax Exempt Status:		Estimated Initial Order:	
Member of Buying Group:		Name of Buying Group:	
<b>Trade References (List at Least 4; Including 2 equipment Manufacturers)</b>			
Name:	Address:		Phone/Fax:
Name of Bank:			Account #:
Street Address:			Phone:
City:		State:	Zip:
<p>The above information is given for the purpose of obtaining credit information and is warranted to be true. I/We hereby authorize Magnus Distribution to investigate the references listed pertaining to my/our credit and financial responsibilities.</p> <p>Signature of applicant firm's authorization representative attests that applicant firm has the financial responsibility, ability and willingness to pay our invoices in accordance with established terms and represents agreement that any collection costs incurred by Magnus Distribution through outside collections sources will be the obligation of the applicant firm.</p>			
<b>Firm Name:</b>			
<b>By (Title):</b>			