



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:		Duns #:		
Street address:				
City:		State:		Zip Code:
County:	Phone:		Fax:	
How long in business:		Does your firm require PO's? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Accounts Payable Contact:		Email:		
AP Phone:	AP Fax:	Invoices faxed or emailed?	Fax: <input type="checkbox"/>	Email: <input type="checkbox"/>

BUSINESS/TRADE REFERENCES

1) Company name:				
Address:				
City:		State:		ZIP Code:
Phone:	Fax:		E-mail:	
2) Company name:				
Address:				
City:		State:		ZIP Code:
Phone:	Fax:		E-mail:	
3) Company name:				
Address:				
City:		State:		ZIP Code:
Phone:	Fax:		E-mail:	

*****TO QUALIFY FOR SALES TAX EXEMPTION, PLEASE ATTACH YOUR TAX EXEMPT CERTIFICATE*****

AGREEMENT

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. I hereby authorize the business/trade references listed in this credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein. Furthermore, I agree all invoices are to be paid **30 days** from the date of the invoice(s).

Signature:		Print:		
Title:		Date:		

FOR MARTIN, INC. USE ONLY

Salesman Name:	Monthly Projected Sales:
Location #:	Yearly Projected Sales:
Price Group:	

Ship To Address:
Ship Via Code:
Shipping Terms:

Please email your completed credit application form to
ar@martincorp.net.