

CREDIT APPLICATION

Primary Point of Contact

Last:	First:	Middle Initial:	Title:
<hr/>			
Address:	City:	State/Province:	Zip/Postal Code:
<hr/>			
Phone No. (all applicable):	Email:		
<hr/>			

Company Information

Company Name:	Tax I.D. Number:		
<hr/>			
Address:	City:	State/Province:	Zip/Postal Code:
<hr/>			
Type of Business:	In Business Since:		
<hr/>			
Number of Internal Sales Representatives:	_____		
Legal Form Under Which Business Operates:	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/> Other <input type="checkbox"/>
Type of Vendor Applying For:	Distributor <input type="checkbox"/>	Independent Representative <input type="checkbox"/>	Other <input type="checkbox"/>
State/Province/Country: _____			
<hr/>			
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
<hr/>			
Name of Company Principal Responsible for Business Transactions:	Title:		
<hr/>			
Address:	City:	State/Province:	Zip/Postal Code:
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Phone No. (all applicable):	Email:		
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Facility Information

Storage Area Square Footage: _____	Inside <input type="checkbox"/>	Outside <input type="checkbox"/>		
Loading Dock:	Elevated <input type="checkbox"/>	Ground Level <input type="checkbox"/>	Forklift <input type="checkbox"/>	Accepts Dry Van <input type="checkbox"/>

Trade References

Company Name:

Address: City: State/Province: Zip/Postal Code:

Website: Email: Phone Number:

Account Opened Since: Credit Limit: Current Balance:

Company Name:

Address: City: State/Province: Zip/Postal Code:

Website: Email: Phone Number:

Account Opened Since: Credit Limit: Current Balance:

Company Name:

Address: City: State/Province: Zip/Postal Code:

Website: Email: Phone Number:

Account Opened Since: Credit Limit: Current Balance:

Financial Institution References

Primary Institution Name:

Ref. Account Number:

Address: City: State/Province: Zip/Postal Code:

Point of Contact: Email: Phone Number:

Secondary Institution Name (if applicable):

Ref. Account Number:

Address: City: State/Province: Zip/Postal Code:

Point of Contact: Email: Phone Number:

Financial Information

Company Total Assets: _____ Total Liabilities: _____ Annual Net Income: _____

Has the company or any of its Officers ever filed a petition for Bankruptcy? Yes No

Is your company subject of any litigation?
if yes, describe: _____ Yes No

Billing Requirements & Contacts

Purchasing Contact: _____ Phone Number: _____ Email Address: _____

Accounting Contact: _____ Phone Number: _____ Email Address: _____

Shipping Contact: _____ Phone Number: _____ Email Address: _____

Do you wish to receive statements? Yes No

Is there a Purchase Order Number or a Project Name requirement on all orders? Yes No

Are you claiming tax exemption?
if so please include Tax Exemption Form 1094 (Rev. 4/2015 or newer) Yes No

Estimated Annual Purchases with MaxLife Industries: _____

Suggested Credit Limits (based on annual purchases):
500k 300k 100k

Authorization

Release of Confidential Information:

In signing this application, I/we authorize the release of credit information from the financial institutions and companies listed on this application to MaxLife Industries. We Understand this information will be used solely for the purposes of determining credit.

Terms:

I have read the General Terms and Conditions and agree to all.

Authorized Signature: _____

Title: _____

Printed Name: _____

Date: _____

Email completed application to: ap@maxlifeindustries.com

MaxLife Industries use only

Approved By: _____

Date: _____

Limit: _____

D&B Rating: _____

Customer Class: _____