

Credit Application

Please complete the following credit application, signed, and return to michael@mbededicated.com

Company Name _____

Billing Address

Default Shipping Address

(If not the same as billing address)

(If not the same as billing address)

Telephone # (____) _____

Default Shipping # (____) _____

Accounts Payable Contact _____ Ext. _____

Email for Invoicing _____

Email for Statements _____

Principal(s) _____ Operating Since _____

Payment Option (Circle One):

Direct Deposit

Credit Card

Online Banking

Terms Requested:

On Receipt

5 Days

10 Days

15 Days

20 Days

30 Days

Signature _____

Date _____

Credit Application

Trade References

** (Please supply an account number if necessary) **

1. Company Name _____ Account Number _____

Address _____

Contact _____

Telephone # (_____) _____ Fax # (_____) _____

Email _____

2. Company Name _____ Account Number _____

Address _____

Contact _____

Telephone # (_____) _____ Fax # (_____) _____

Email _____

Please ensure all fields are completed to avoid delays in application process. For any questions, please contact help@mbededicated.com.