



## Confidential Credit Application

\*All Fields Required

Representative Information	
Name:	Email:
Title:	Phone:
Date of Application:	Fax:

Company Information		
Company Name:	Phone:	Fax:
Address:		
Billing Address (if different from above):		
Phone:	Fax:	Fed ID#:
Type of Organization:	State of Organization:	
Nature of Business:	Date Established:	
Division or Subsidiary of:	D-U-N-S #:	

Principals of Firm		
Owner/Officer:	Title:	Phone:
Owner/Officer:	Title:	Phone:
Owner/Officer:	Title:	Phone:
A/P Phone:	Email:	Phone:

Customer Type		
Retail	Commercial	Non-Branded
<input type="checkbox"/> Retail <input type="checkbox"/> Mdser <input type="checkbox"/> Military <input type="checkbox"/> Export <input type="checkbox"/> GSA <input type="checkbox"/> Inter-Co	<input type="checkbox"/> Distributor <input type="checkbox"/> Re-Distributor	<input type="checkbox"/> Generic <input type="checkbox"/> Private Label



## Confidential Credit Application (Continued)

\*All Fields Required

### Trade References

*(List names of four suppliers you currently purchase from, in line with the credit line requested)*

#### Supplier 1:

Contact:	Title:	
Address:	Phone:	Fax:

#### Supplier 2:

Contact:	Title:	
Address:	Phone:	Fax:

#### Supplier 3:

Contact:	Title:	
Address:	Phone:	Fax:

#### Supplier 4:

Contact:	Title:	
Address:	Phone:	Fax:

### Bank Information

*(Please provide detailed information including full address of the bank, phone #, fax #, contact name and your account #)*

Bank Name:	Officer:	
Email:	Phone:	Fax:
Address:		
Account:	Amount Requested: \$	

**CREDIT AGREEMENT:** The undersigned hereby makes application to Marcal Manufacturing, LLC for a line of credit and by doing so grants permission to Marcal Manufacturing, LLC to verify all credit information and to make all credit inquiries. All statements in this application must be complete, accurate, and truthful. Marcal Manufacturing, LLC requires that all invoices be paid within 30 days from the invoice date. In the event that collection procedures or action is instituted on this account, the undersigned agrees to pay all expenses of such procedures, including reasonable attorney's fees. The undersigned warrants that the above agreement has been carefully read and understood.

Signature:

Title:

Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### Bank Credit Reference Form

To be completed by Customer	
Date:	Phone:
To:	Fax:
Bank:	Email:
Address:	
<p>Dear Bank Officer,</p> <p>We are authorizing the bank to release information about our accounts, outstanding credit line, and payment history to be used solely in order to establish an account, a credit line, and payment terms. This information is to be kept strictly confidential.</p> <p>Account Name: _____</p> <p>Checking Acct #: _____ Savings Acct #: _____</p> <p>Authorized By: _____ Signature: _____</p>	

To be completed by Bank	
Account Since:	Loan Relationship: <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Dear Sir/Madam,</p> <p>The above customer has given its bank name as a Credit Reference. It would be appreciated if you would provide the credit information for us by completing the information below. Please provide the number of figures for the account, NOT the actual dollar amount. Please be assured that all information provided will be kept strictly confidential. Should you have any questions, please call us at the appropriate location and ask for our Controller. Thank you for your help and prompt attention.</p>	
Current Balance:	Line of Credit:
Avg Balance:	Open Date:
N.S.F. Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Secured: <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" how many?	Outstanding Balance:
Overall Credit Rating:	
Remarks/Comments:	
Completed By:	Date:



Account Information	
Account Representative:	Email:
Billing Address:	Shipping Address:
Remit Invoices to - Name:	
Preference for Receiving Invoices: • Fax _____ • Email _____	
Remit Sales Order Confirmations to - Name:	
Preference for Receiving Sales Orders: • Fax _____ • Email _____	

Delivery Requirements	
Receiving Contact:	
Advance Notification of Delivery:	
Receiving Hours:	Receiving Days:
Dock Restrictions:	
Trailer Restrictions:	
Height Restrictions:	
Additional Equipment Required:	
Shipping Surcharges:	