

Marktec Products Inc.
653 Ellicott Street Batavia, NY 14020
Tel: 585-344-4102 Fax: 585-344-4109

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Shipping address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Tax Status:	If exempt, please forward an exempt certificate. It is the responsibility of the purchaser to pay all sales and use taxes directly to their state and local governments for all shipments outside of New York and Pennsylvania.		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

I certify that all statements made by me in this application are for the purpose of obtaining credit and are correct to my knowledge. I authorize these references to release my credit status and to provide such other information as Marktec may require. If credit is approved, the undersigned expressly agrees to make payment in full to Marktec for all purchases in accordance with Marktec Invoices. Applicant acknowledges that all accounts over 30 days old will be assessed a service charge at the maximum permitted by law. The undersigned agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by Marktec in the collection of any obligation of the undersigned pursuant hereto. This application for credit, once accepted by Marktec shall become part of every invoice to applicant and is incorporated herein. This application shall remain Marktec's property whether or not it is accepted and approved.

THE FOLLOWING MUST BE SIGNED BY AN AUTHORIZED COMPANY OFFICER.

Signature:	Title:	Date:
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