

Office Use Only	Acct#: _____
	Limit: _____
	Status: _____

Date: _____

MRlequip.com

Credit Application and Agreement

Company Info

Account Name: _____ Full Legal Name: _____

Type of Business: _____

Billing Address: _____

Shipping Address: _____

Phone #: _____ Contact: _____

Fax#: _____ Parent Company (if any): _____

Business is a Corporation Proprietorship Partnership Other: _____

Credit Limit Requested: _____ Year Established: _____ Years at Present Location: _____

Principle Owners

1. Name _____ Title: _____

Home Address: _____

Phone: _____

2. Home Address _____

Phone: _____

*** Send Attachment for additional Owners ***

Bank Info.
Bank Name: _____

Phone: _____ Contact: _____ Account #: _____

City: _____ State, Zip: _____

Trade References

1. Name _____ Contact: _____ Phone #: _____ Fax#: _____

Address: _____ Account #: _____

2. Name: _____ Contact _____ Phone #: _____ Fax#: _____

Address _____ Account #: _____

3. Name _____ Contact: _____ Phone #: _____ Fax#: _____

Address: _____ Account #: _____

Business Registration #

VAT #

Credit Terms and Conditions

After your credit check is approved, MRlequip.com will contact you to establish net 30 or net 45 payment terms.

By: _____ Signature: _____ Date: _____
Name & Title (Please Print)