## **APPLICATION FOR CREDIT**

Return completed application to:

Please complete both pages and include all requested Information especially fax numbers and authorization for release of bank information. Quick return of this form will facilitate processing your request for credit and avoid delaying your order.

## **MacKissic Inc**

P.O. Box 111 • 1189 Old Schuylkill Rd Parker Ford PA 19457-0111 Phone: 610/495-7181 Fax: 610/495-5951

## **CUSTOMER INFORMATION SHEET**

Business Name		Phone ( )	
Billing Address		Fax ( )	
City	State	Zip Co	ode
Shipping Address			
City	State	Zip Co	ode
TRADE REFERENCES and fax number of each. REQUEST.	List the three suppliers with whom - FAX NUMBERS MUST BE PROVID	you do the highest volum <u>DED</u> TO FACILITATE QU	e, giving the full mailing address, phone IICK RESPONSE ON YOUR CREDIT
Name		Phone ( )	
Address		Fax ( )	
City	State	Zip Co	ode
Name		Phone ( )	
Address		Fax ( )	
City	State	Zip Co	ode
Name		Phone ( )	
Address		Fax ( )	
City	State	Zip Co	ode
The following bank	is instructed to provide cred	dit information pert	inent to the company account.
BANK Type of account	: commercial checking	savings	loan
Bank Name		Account Number	er
Address		Phone ( )	
City		FAX ( )	
State	Zip Code	( FAX # is very im	portant)
Name of bank officer who	services your account		

FORM OF BUSINESS:	Individual Ownershi	p	Partnership	Corporation	
(State Tax Exempt Certific	cate)	(EIN)			
Resale Number:		Federal I D Number	er:		
Date business started		County			
Company Name					
Signed By		Title		Date	
Print Name					

Must be signed by individual having authority to release bank information