

Credit Application Form

Company Name (doing business as)	Full Legal Busin	ess Name		
Corporation Partnership	Individual/sole proprietor other			
usiness address (not PO Box)				
illing address (if different than above)				
hipping address (if other than business ac	ldress)			
elephone number	fax number	email address		
Vebsite	Type of business			
Owner	Date Business Established	No. of Employees		
ederal taxpayer identification #	Dun & Bradstreet #	SS# (optional)		
lichigan sales tax exempt? Yes No	_ If yes, a sales tax exemption form must	be submitted.		
credit on account Desired credit amo	ount \$			
cash, credit card only (proceed to sign	ning and sending in)			
inance:				
Bank	Address		Phone	
ccount	Type	Contact		
rade References:				
Business name	Address	City	State	Zip Code
Talanhana numbar	fax number			•
Telephone number 		email address		
Business name	Address	City	State	Zip Code
Telephone number	fax number	email address		
Business name	Address	City	State	Zip Code
Telephone number	fax number	email address		
any modifications of such terms or any addi- extended by MEC to the undersigned and the candard credit terms are NET 30 days from vailable under applicable law to any accou- casonable attorney fees and court costs inc		C unless they are in writing and sign of discretion and may be reduced on to charge interest at the rate of 18 t terms. It is further understood and ection action. I certify that all informations are the content of t	gned by an office r revoked by ME 8% per annum or d agreed that the rmation on this ap	er of MEC. Any C at any time. M at the highest rapurchaser will populication is cor
			_	
lease print name and title				
Please fax or mail filled out application to l	pelow address. Thank you			