

MYRON ♦ ZUCKER

APPLICATION FOR CREDIT

Please fill out the following credit application out as completely as possible. Return via email to cmachini@myronzucker.com or fax to (586) 979-9484.

Applicant will be notified upon approval of application. For your convenience, we also accept MasterCard, VISA, and American Express.

BUSINESS NAME: _____	OWNER NAME: _____	
ADDRESS: _____		
PHONE: _____	FAX: _____	EMAIL: _____
TYPE OF BUSINESS: _____		DATE ESTABLISHED: _____
TAX ID NO.: _____	D&B NUMBER: _____	

BANK REFERENCES (include at least one)	
BANK NAME: _____	_____
ADDRESS: _____	
PHONE: _____	ACCOUNT NO: _____
BANK NAME: _____	_____
ADDRESS: _____	
PHONE: _____	ACCOUNT NO: _____

TRADE REFERENCES		
NAME: _____	_____	_____
ADDRESS: _____		
PHONE: _____	FAX: _____	EMAIL: _____
NAME: _____	_____	_____
ADDRESS: _____		
PHONE: _____	FAX: _____	EMAIL: _____
NAME: _____	_____	_____
ADDRESS: _____		
PHONE: _____	FAX: _____	EMAIL: _____

All invoices must be paid within 30 days from the date of the invoice. Net 30 terms will be suspended for customers who exceed 30 days and future orders will be on a C.O.D. basis until account balance is paid. Customers who exceed 90 days to submit payment will no longer be permitted 30 day terms and all future orders must be paid in advance of shipment. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

By submitting this application, you authorize Myron Zucker, Inc. to make inquiries into the banking and business/trade references that you have supplied.

Name: _____ Date: _____

www.myronzucker.com

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POWER ♦ QUALITY