



CREDIT APPLICATION

CUSTOMER INFORMATION:

Name:		Telephone:
Address:		Fax:
Address:		Contact Email:
City:	State:	Zip:
Website:		

Business Description:

In Business Since:	Number of Employees:
Amount of Credit Requested:	Federal ID#:
Sales Volume:	Tax Exempt ID#:

A COPY OF THE YOUR SALES TAX RESALE CERTIFICATE IS NEEDED TO PROCESS THIS CREDIT APPLICATION

BUSINESS STRUCTURE

- Corporation – Publicly Held
- Corporation – Closely Held
- Sole Proprietorship
- Partnership – General
- Partnership - Limited
- Division or Subsidiary – Name of Parent Company: _____

Date of Incorporation _____
 State of Incorporation _____

BANK REFERENCE

Name:		Branch Location:	
Checking Account #:		Savings Account #:	
Loan Balance:	Telephone :	Fax/Email:	
Secured By:		Officer Name:	

TRADE REFERENCES

Firm Name:	Telephone :	Fax/Email:
Contact Name:	Account Opened:	
High Credit:	Amount Owed:	

Firm Name:	Telephone :	Fax/Email:
Contact Name:	Account Opened:	
High Credit:	Amount Owed:	

Firm Name:	Telephone:	Fax/Email:
Contact Name:	Account Opened:	
High Credit:	Amount Owed:	

COMPANY PRINCIPALS

Name:	Position:	% Ownership
Address:		
Social Security #:		

Name:	Position:	% Ownership
Address:		
Social Security #:		

By signing below the customer verifies that the above information is correct and agrees to be bound by Mascon's terms and to pay any and all charges that may result if collection and/or legal action is necessary. The signature also authorizes Mascon to obtain information from the bank and trade references for the purpose of making credit decisions.

Signature: _____ Title: _____ Date: _____

5 Commonwealth Avenue, Woburn, MA, 01801, USA, Tel: 781-938-5800, Fax: 781-932-4905

For Mascon Internal Use:

Salesperson:		
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