MAXITROL® company

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

Please complete and return to: Maxitrol Company   Attn: Credit Manager   Fax: (248) 356-8388
PO Box 2230   Southfield, MI 48037-2230

BUSINESS CONTACT INFORMATION			
Company name:			
FED ID:		DUNS#:	SIC:
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Have you done business with Maxitrol in the past:		If so, when:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES			
Company name:		Contact name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Products purchased:		Credit limit:	
Company name:		Contact name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Products purchased:		Credit limit:	
Company name:		Contact name:	
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Products purchased:		Credit limit:	

AGREEMENT
1. By submitting this application, you authorize Maxitrol Company to make inquiries into the banking and business/trade references that you have supplied.
2. You agree to follow Maxitrol Company's terms and conditions of sale. All invoices must be paid 30 days from the date of invoice.

SIGNATURE	
Signature: (Corporate Officer) Title: Date:	