



# Application for Credit Account

(856) 742-0237

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

A/P Contact: \_\_\_\_\_

Type Of Business: \_\_\_\_\_ D&B#: \_\_\_\_\_

Tax Exempt (circle one): Yes / No Tax Exempt#: \_\_\_\_\_ Tax Jurisdiction: \_\_\_\_\_

*\* If exempt, then must attach tax exemption certificate.*

PO Required (circle one): Yes / No

## CREDIT INFORMATION

Name of Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account #: \_\_\_\_\_

## TRADE REFERENCES

Name Of Company	Contact	Fax #(Include Area Code)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## PERSONAL CREDIT INFORMATION

Principle's Full Name: \_\_\_\_\_

Principle's Home Address: \_\_\_\_\_

**I authorize the above listed references to release account, credit and payment history information to MHS Lift, Inc., so they may evaluate this application for a credit account.**

By: \_\_\_\_\_ Printed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR INTERNAL USE ONLY

Requested By: \_\_\_\_\_ Acct. Mgr: \_\_\_\_\_ Customer Num: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Alpha Lookup: \_\_\_\_\_