



970 SECURITY ROW, SUITE 100
 RICHARDSON, TX 75081
 Phone: (214) 778-1711 Fax: (214) 778-1716

BUSINESS CREDIT APPLICATION

Company Name _____ Type of Business _____ Phone Number _____ Fax Number _____

Billing Address _____ Shipping Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Type of Ownership: Corporation Partnership Sole proprietor Government Non-Profit
 Years in business: _____
 Tax Exempt? Yes No
 (If yes, please include resale card with application)

Parent company names (If different than above): _____

Address _____ Fax Number _____

City _____ State _____ Zip _____

Bank References

1. _____
 Name _____ Phone Number _____ Fax Number _____
 Account Number _____ Contact: _____

2. _____
 Name _____ Phone Number _____ Fax Number _____
 Account Number _____ Contact: _____

Open Accounts References

1. _____
 Name _____ Phone Number _____ Fax Number _____
 Address _____ City _____ State _____ Zip _____

2. _____
 Name _____ Phone Number _____ Fax Number _____
 Address _____ City _____ State _____ Zip _____

3. _____
 Name _____ Phone Number _____ Fax Number _____
 Address _____ City _____ State _____ Zip _____

AUTHORIZED SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ TITLE: _____

Please Fax Back to (214) 778-1716 or email to jean@mktradingllc.com