

Date _____
 Company Name _____ d.b.a. _____
 Mailing Address _____
 Street Address _____
 Phone # _____ Fax # _____

Form of Ownership: Corporation Partnership Sole Proprietorship

If Corporation, List Names of Principals or Owners:

Name _____	Title _____	Social Security # _____
Name _____	Title _____	Social Security # _____
Name _____	Title _____	Social Security # _____

State & Date of Incorporation _____

If Sole Proprietorship, List Name of Owner:

Name _____ Address _____
 Social Security # _____ In Business Since _____

Please Choose One: Taxable Non-Taxable (Please attach a copy of sales tax exemption certificate)

Accounts Payable Manager _____ Phone # _____

Mechanical Reps point of contact for your current order: _____

Credit References (Provide name, address, phone number and fax number of your principle suppliers from whom you have purchased within the last 90-120 days)

1. _____
2. _____
3. _____

Bank Reference (Provide name, branch, account number, phone number, fax number and billing address)

GENERAL TERMS OF CREDIT

- Applicant's signature attests financial responsibility, ability and willingness to pay Mechanical Reps, Inc. invoices in accordance with the following terms: Net 30 from shipment date.
- Invoices are due and payable on or before 30 days from the shipment date on invoice. Any invoice unpaid 20 days from the date of shipment is considered delinquent.
- Should it become necessary for Mechanical Reps, Inc. to pursue further collection methods, applicant agrees to and shall pay an additional amount equal to court costs, attorney fees and any other amounts associated with collecting said debt.

I hereby certify the forgoing to be true to the best of my knowledge and agree to the above terms:

 Signature (Owner/Principle)

 Title

 Printed Name

 Date

Complete Credit Applications should be faxed to our Credit Department at 512.444.5522.

3901 Woodbury Drive • P.O. Box 41869 • Austin, Texas 78704 • Phone: 512.444.1835 • Fax: 512.444.5522

Date _____

To _____

We are authorizing the bank to release information about our account outstanding, credit line and payments history to Mechanical Reps, Inc., to be used explicitly for the establishment of an open account and credit line. This information is to be kept in the strictest of confidence.

Signed _____

Print Name _____ Title _____

Company _____

Bank Account # _____

Dear Sir/Madam,

The above customer is applying for a credit line with Mechanical Reps Inc. and has given your bank as a reference. Kindly provide us with the following information and send this form to us by fax (FX: 512-444-5522). Should you have any questions, please call us (PH: 512-444-1835).

Date Account Opened _____ Ave. Balance Maintained _____

Line of Credit (if any) _____ Secured? _____

Credit Limit _____ Amount Now Owing: _____

Payment Habits _____ NSF Checks _____

Overall Credit Rating _____

Comments _____

We assure you that this information will be kept strictly confidential. Your immediate reply will be very much appreciated.

Sincerely,
Mechanical Reps, Inc.