



Remit to Address  
 9407 Middlex Drive  
 San Antonio, TX 78217

**CREDIT APPLICATION**

Please Submit to:  
 accounting@mechreps.com

**\*Required Fields**

Principal Suppliers is a required field if you are not providing them on an external document.

OFFICIAL BUSINESS NAME*		TRADESTYLE "DBA" (IF DIFFERENT FROM BUSINESS NAME)	
SSN OR TAX ID	BUSINESS STRUCTURE (Check one) LLC <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/>	TYPE OF BUSINESS	HOW LONG IN BUSINESS
BILLING ADDRESS*		CITY*	STATE* ZIP CODE*
SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)		CITY	STATE ZIP CODE

**ACCOUNTS PAYABLE INFORMATION**

AP CONTACT*	AP TELEPHONE NO.*	EMAIL FOR AP QUESTIONS/PAYMENT INQUIRIES*
ONE EMAIL ADDRESS FOR INVOICES*		

MONTHLY STATEMENTS TO BE SENT TO (Check one)

AP Email  Email for Invoices  Other \_\_\_\_\_

**BANK REFERENCES**

NAME	TELEPHONE NO.	Contact Name
NAME	TELEPHONE NO.	Contact Name

**PRINCIPAL SUPPLIERS**

COMPANY NAME*			COMPANY NAME*		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
EMAIL ADDRESS OR FAX*			EMAIL ADDRESS OR FAX*		
ACCOUNT NUMBER			ACCOUNT NUMBER		

COMPANY NAME*			COMPANY NAME*		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
EMAIL ADDRESS OR FAX*			EMAIL ADDRESS OR FAX*		
ACCOUNT NUMBER			ACCOUNT NUMBER		

**PLEASE SUBMIT COMPLETED FORM TO: accounting@mechreps.com**

The above information is submitted to Mechanical Reps Inc for consideration as a basis for the extension of credit. You may refer to the references listed herein. Applicant understands and agrees to the attached Terms and Conditions of Sale. Terms: Net 30 days from Shipment. Should it become necessary for MRI to pursue further collection methods, applicant agrees to and shall pay an additional amount equal to court cost, attorney fees and any other amounts associated with collecting said debt. There will be an NSF fee charged for any checks returned unpaid by your bank.

\_\_\_\_\_  
 Authorized Signature of Applicant\*

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date\*



# Mechanical Reps Inc.

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 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 at [pamd@mechreps.com](mailto:pamd@mechreps.com). Should you have any questions, please call us (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.**  
Accounts Receivable

**Complete Credit Applications should be emailed to our Credit Department at [accounting@mechreps.com](mailto:accounting@mechreps.com)**

9407 Middlex Drive • San Antonio, Texas 78217 • Phone: 210.650.9005 • Fax: 210.590.1645

[www.mechreps.com](http://www.mechreps.com)