



MNP CORPORATION CREDIT APPLICATION

MNP CORPORATION • 44225 Utica Road • Utica, MI 48317 • Phone: (586) 726-5694 • FAX: (586) 726-5699

Date:

Customer Number:

Instructions: The Customer is to complete sections A and B only. Please return this application with 3-5 credit references, their contact information, and a copy of the Purchase Order.

Note: This form can be filled in, saved, and printed using Adobe Acrobat Read version 8 or higher.

A:

CUSTOMER INFORMATION

Company: <input type="text"/>	Annual Sales: <input type="text"/>
Division of: <input type="text"/>	Type of Business: <input type="text"/>
Address 1: <input type="text"/>	President: <input type="text"/>
Address 2: <input type="text"/>	General Manager: <input type="text"/>
City/State: <input type="text"/>	A/P Phone: <input type="text"/>
ZIP/Postal Code: <input type="text"/>	A/P E-Mail: <input type="text"/>
Country: <input type="text"/>	A/P FAX: <input type="text"/>
Phone: <input type="text"/>	
FAX: <input type="text"/>	

I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.

_____, agrees to payment of invoices within 30 days.

_____ Date

_____ Authorized Signature

B:

BANK INFORMATION

Bank: <input type="text"/>	Phone: <input type="text"/>
Contact: <input type="text"/>	FAX: <input type="text"/>
Address: <input type="text"/>	Account Number: <input type="text"/>
City/State: <input type="text"/>	

I, _____, authorize the release of the above requested information and the covenant compliance information to MNP Corporation for a period of 1 year from date of the authorization.

_____ Date

_____ Authorized Signature

C:

FOR MNP INTERNAL USE ONLY

Sales Rep: <input type="text"/>	Credit Limit: <input type="text"/>
Initial Order Amt: <input type="text"/>	Terms: <input type="text"/>
Surcharge Pgm: <input type="text"/>	Approved By: <input type="text"/>