C	ORPO	DRA	TION	EST. 1870
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Company: Division of: Address 1: Address 2: City/State: ZIP/Postal Code: FAX: I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	MNP CORF	PORATION CREDIT APPLICATION	
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	MNP CORPORATION - 44225 Utic	a Road - Utica, MI 48317 - Phone: (586) 726-5694 - FAX: (586) 7	26-5699
3-5 credit references, their contact information, and a copy of the Purchase Örder.  **Note:** This form can be filled in, saved, and printed using Adobe Acrobat Read version 8 or higher.  **CUSTOMER INFORMATION**  **CUSTOMER INFORMATION**  **COMPANY:**	Date:	Customer Number:	
CUSTOMER INFORMATION  Company:			n with
Company: Division of: Division of: Address 1: Address 2: City/State: ZIP/Postal Code FAX: Date  Bank NFORMATION  Bank Address: Contact FAX: Address: Account Number: City/State: Account Number: City/State: Anthorized Signature  Anthorized Signature  FAX: Contact FAX: Address: Account Number: City/State: Anthorized Signature  City/State: Anthorized Signature  City/State: Anthorized Signature  Account Number: City/State: Account Compliance information to MNP Corporation for a period of 1 year from date of the authorization.  Bank Authorized Signature  City/State:  Account Number: City/State: City/State	Note: This form can be filled in, s	saved, and printed using Adobe Acrobat Read version 8 or higher.	
Division of:  Address 1:  Address 2:  City/State:  ZIP/Postal Code:  Phone:  FAX:  I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	A:	CUSTOMER INFORMATION	
Address 1:	Company:	Annual Sales:	
Address 2: City/State: AIP Phone: AIP FAX: AIP FAX: AIP FAX: I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	Division of:	Type of Business:	
City/State:  ZIP/Postal Code:  A/P PE-Mail:  A/P FAX:  I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	Address 1:	President:	
ZIP/Postal Code:  Country Phone: FAX:  I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	Address 2:	General Manager:	
Country Phone: FAX: I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	City/State:	A/P Phone:	
Phone: FAX:  I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	ZIP/Postal Code:	A/P E-Mail:	
I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	Country	A/P FAX:	
I understand MNP CORPORATION's payment terms are Net 30 days from date of invoice.	Phone:		
	FAX:		
Bank:	Date	Authorized Signature	
Contact: Address: City/State:  , authorize the release of the above requested information and the ovenant compliance information to MNP Corporation for a period of 1 year from date of the authorization.  Date  FAX: Account Number:  , authorize the release of the above requested information and the ovenant compliance information to MNP Corporation for a period of 1 year from date of the authorization.  Terms: Initial Order Amt:  Terms:	B:	BANK INFORMATION	
Contact: Address: City/State:  , authorize the release of the above requested information and the ovenant compliance information to MNP Corporation for a period of 1 year from date of the authorization.  Date  FAX: Account Number:  , authorize the release of the above requested information and the ovenant compliance information to MNP Corporation for a period of 1 year from date of the authorization.  Terms:    Credit Limit:	Rank·	Phone:	
Address:			
C: FOR MNP INTERNAL USE ONLY  Sales Rep: Credit Limit: Terms:	ovenant compliance information to	·	
Sales Rep: Credit Limit: Terms:	Date	Authorized Signature	
Initial Order Amt: Terms:	C:	FOR MNP INTERNAL USE ONLY	
Initial Order Amt: Terms:	Sales Rep:	Credit Limit:	
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