



# 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"/>