



Business Credit Application

Company Information

Company Name: _____

Line of Business: _____

Billing Address: _____

Type of Ownership (check one)

S-Corp C-Corp LLC

Partnership Sole Proprietor

Government Non-profit

City, State, Zip: _____

Number of Employees _____

Phone: _____ Fax: _____

Year Established: _____

Website Address _____

Federal ID Number: _____

Tax Exempt? Yes No (If yes, please include exemption certificate with application.)

Are you a Distributor? Yes No If yes, resale number: _____

If yes, include copy of resale certificate with application.

Parent Company Names / Addresses (If different than above): _____

Accounts Payable Contact Information

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Bank Reference

Bank Name: _____

Acct #: _____

Bank Address: _____

Bank Contact: _____

Phone: _____

City, State, Zip: _____

Trade References

Include a minimum of 3 trade references with your application on an attached sheet of paper.

Signed by: _____

Title: _____

Print Name: _____

Date: _____

Phone: _____

Application Processing Information

To help us expedite your credit request, please ensure that you have completely filled out this form and attached a minimum of three trade references with your application. If there are any questions, please contact us at 920-662-9646

Fax completed credit application to Martor USA at 920-662-9648