

Application for Credit



I. Company Information

Full Legal Name/Business Entity	Phone #	Fax #
Doing Business As (DBA)		
Billing Address	City	State Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:		
No. of Employees	Year Business Established	Annual Sales Type of Business
Federal Tax ID (if incorporated)	State & County of Incorporation	
E-Mail Address(es):	Website:	

2. Owner Information

Full Name (including middle initial)	Title	Social Security #
Home Address	City	State Zip Phone #

3. Bank References

Bank Name	Account Number	Contact
Address	City	State Zip Phone #

4. Trade Credit References

Company Name	Contact
Address	City State Zip Phone #
Company Name	Contact
Address	City State Zip Phone #
Company Name	Contact
Address	City State Zip Phone #

Fax to: 651-227-5232 Mail to: 700 Grand Avenue · Saint Paul, MN 55105

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized
Signature/Title: _____

Date: _____



MUSKA
LIGHTING
CENTER

700 Grand Avenue · Saint Paul, MN 55105
www.muskalighting.com

PHONE: 651-227-8881
Fax 651-633-4073
e-mail: info@muskalighting.com