

# Credit Application

**Order Entry:** Complete this form and fax to **281-598-4649**

| Business Identity          |  |                    |  |            |       |
|----------------------------|--|--------------------|--|------------|-------|
| Trade name (DBA)           |  |                    |  |            |       |
| Parent Co / subsidiary of: |  |                    |  |            |       |
| Street Address 1           |  |                    |  |            |       |
| Street Address 2           |  |                    |  |            |       |
| City                       |  | State              |  | Zip code   |       |
| Primary Contact            |  | E-mail:            |  | Tel #      | Fax # |
| Business Type              |  | Principal Officers |  |            |       |
| Years in Business          |  | Last Name          |  | First Name | Title |
| D&B #                      |  |                    |  |            |       |
| Tax ID #                   |  |                    |  |            |       |

| Invoicing  |  |         |  |          |          |
|--|--|---------|--|----------|----------|
| Invoice bill to: (if Different)  |  |         |  |          |          |
| Invoice Street Address 1   |  |         |  |          |          |
| Invoice Street Address 2   |  |         |  |          |          |
| City   |  | State   |  | Zip code |          |
| AP Contact   |  | E-mail: |  | AP Tel # | AP Fax # |
| Invoice paperwork requirement-(check all that apply) <input type="checkbox"/> None <input type="checkbox"/> POD <input type="checkbox"/> PO # <input type="checkbox"/> Reference # |  |         |  |          |          |
| Other invoice requirements   |  |         |  |          |          |

| Bank Reference 1 |  |       |  |          |       |
|------------------|--|-------|--|----------|-------|
| Bank Name        |  |       |  |          |       |
| Account Number   |  |       |  |          |       |
| Street Address 1 |  |       |  |          |       |
| Street Address 2 |  |       |  |          |       |
| City             |  | State |  | Zip code |       |
| Contact Name     |  |       |  | Tel #    | Fax # |

| Trade Reference 1 |  |       |  |          |  |
|-------------------|--|-------|--|----------|--|
| Company Name      |  |       |  |          |  |
| Street Address 1  |  |       |  |          |  |
| Street Address 2  |  |       |  |          |  |
| City              |  | State |  | Zip code |  |
| Contact Name      |  |       |  | Tel #    |  |

| Trade Reference 2 |  |       |  |          |  |
|-------------------|--|-------|--|----------|--|
| Company Name      |  |       |  |          |  |
| Street Address 1  |  |       |  |          |  |
| Street Address 2  |  |       |  |          |  |
| City              |  | State |  | Zip code |  |
| Contact Name      |  |       |  | Tel #    |  |

| Financial Terms and Conditions of Service   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. Terms are Net 30 Days. Late fees of 2% per month may be charged on past due invoices.  |  |  |  |  |  |
| 2. Magno International reserves the right to refuse or suspend credit privileges at any time.   |  |  |  |  |  |
| 3. You authorize release of bank, trade, or credit information in conjunction with this credit application.   |  |  |  |  |  |
| 4. You certify that the information provided on this application is true and correct.   |  |  |  |  |  |
| 5. You are a principle officer or authorized representative for the company.  |  |  |  |  |  |
| 6. You agree to terms and conditions of service as outlined on Magno International's house bill or invoice. Magno International's terms and conditions provided upon request. |  |  |  |  |  |

Principal Officer or Authorized Representative Signature

Print Name

Title

Date