MAG-IT Solutions for Industry

CREDIT APPLICATION AND AGREEMENT (Confidential Information for Credit Verification) When Completed, Fax to (864) 963-7034

Date		Phone	!		
Company Name	· · · · · · · · · · · · · · · · · · ·	Fax			
Shipping Address					
Billing Address					
5 _	(Street)	(City)	(State)	(Zip)	
Type of Business					
NAMES OF PRIN	ICIPALS OF COMPAN	<u>Y:</u>			
Name/Title					
_					
Name/Title					
Purchasing Agen	t				
	Partnership tate in Which Incorpora			ip	
Credit Line Desire	ed Per Month \$	How Long	in Business?		
Is Merchandise for	or Resale?	Resale No			
			(Attach Copy of Ce	ertificate)	
Is Your Business	Tax Exempt?	Tax Exemp			
			(Attach Copy of Cer	rtificate)	
BANK REFEREN Bank	ICE	Address			
Account Number((s)	Phone			
, tooodin rambor(Officer			
TRADE CREDIT					
			Phone		
Address		· · · · · · · · · · · · · · · · · · ·	Fax		
2 Name			Phone		
Address			Fax		
/ (dd/ 000					
3. Name			Phone		
Address			Fax		
Terms of Sale: N	let 30 Days (Subject to	Results of Credit Invest			
	ion and Agreement is subr				
	Buyer agrees to pay MAG- In the event MAG-IT shou				
	sts incurred by MAG-IT, inc				
	The undersigned author				
information request			ordan	_T opca.ion and 7	.g. zement to provide dir
Ruyer					
Buyer	(Authorized Signa	ture)	(Title)	· · · · · · · · · · · · · · · · · · ·	
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