



APPLICATION FOR CREDIT

Applicant _____
Telephone # (____) _____ FAX # (____) _____
Address _____ City _____ State _____ ZIP _____
Email (Purchasing) _____
Email (Accounting) _____
Company Type: (check one) Corporation _____ Partnership _____ Sole Proprietor _____
Principals: _____

Federal ID Number _____ Resale Tax ID Number _____

FINANCE:

Bank _____ Telephone# _____ Fax# _____
Address _____ City, State, Zip _____
Savings Acct# _____ Checking Acct# _____
Contact _____

REFERENCES:

- 1. Name _____ Telephone # _____ Fax# _____
Account# _____
Address _____ City State, Zip _____
- 2. Name _____ Telephone # _____ Fax# _____
Account# _____
Address _____ City State, Zip _____
- 3. Name _____ Telephone # _____ Fax# _____
Account# _____
Address _____ City State, Zip _____

ATTEST:

I certify that the information above is true and I further authorize MK Battery to check our credit experiences. I can and will comply with the terms and conditions of such credit as you extend.

Signature _____ Date _____

Print Name _____

Print completed form, sign, and return to your MK representative