

APPLICATION FOR CREDIT

Name of Firm or Individual _____

Address _____ Years in Business _____

City _____ State _____ Zip _____ Phone _____

Type of Business _____ FAX Number _____

HEREBY APPLIES FOR CREDIT (AMOUNT _____) IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:



MAG-TROL, Inc.
Electrical Distributors
2176 N. BATAVIA ST
ORANGE, CA 92865
(714) 998-8500 Fax (714) 998-9548
information@mag-trol.com

Corporation _____ Partnership _____ Individual _____ Taxable _____ Resale _____ (Please provide certificate)

1. _____
Name(s) of Principal(s) Address Zip Phone

2. _____
Name(s) of Principal(s) Address Zip Phone

Bank Address Phone Number

Bank Officer or Department FAX Number

BUSINESS REFERENCES

Business Name Address Zip FAX Number Account #

Business Name Address Zip FAX Number Account #

Business Name Address Zip FAX Number Account #

We certify that all the information on this form is correct. We fully understand that terms are **Net 30 Days** and we agree to the prompt and proper payment of all invoices.

Signed _____ Date _____

Print Name _____ Title _____