

**NEW CUSTOMER CREDIT APPLICATION**  
**Please complete and return via fax: (877) 408-9840**

Company Name: \_\_\_\_\_ Duns Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
 A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_  
 Date Business Established: \_\_\_\_\_ Federal ID: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 If Subsidiary, Parent Co. Name/Address: \_\_\_\_\_

For Sole Proprietors, Partnerships, or Non-Public Corporations:  
 Principal's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank Reference:  
 Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Date Account(s) Opened: \_\_\_\_\_ Type of Account(s): \_\_\_\_\_

Credit References: Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are PO's required? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_  
 Are You Tax Exempt? \_\_\_\_\_ (if yes, please send exempt form) State Tax Number: \_\_\_\_\_

To the best of my knowledge the above facts are represented as true. I am aware that falsification of any of this information may result in denial of credit by MarkCharles Group, Inc. My signature below indicates my permission for MarkCharles Group, Inc. to obtain credit information from the sources I have referenced, including any previous vendors and any external credit-reporting source. It is agreed that all invoices will be paid within MarkCharles Group, Inc. terms listed on the invoice. I agree to the general terms and conditions which are found at [http://www.markcharlesgroup.com/pdfs/MCG\\_General\\_Terms\\_and\\_Conditions.pdf](http://www.markcharlesgroup.com/pdfs/MCG_General_Terms_and_Conditions.pdf)

\_\_\_\_\_  
 Authorized Signature Title Date