|  |  |
| --- | --- |
| Company: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Phone: |  | Fax #: |  |

|  |  |
| --- | --- |
| Ownership: | Corporation Partnership Individual (circle) |

|  |  |
| --- | --- |
| Year founded or years in business: |  |
| Contacts: | Principal(s): |  |
|  | Purchasing: |  |
|  | Payables: |  |
|  | Sales: |  |

|  |  |
| --- | --- |
| Annual Sales: | <$1 Mil. $2 - $5 Mil. $6 - $10 Mil. $10 Mil.> (circle) |

|  |  |
| --- | --- |
| Employees: | <10 10 - 25 25 - 50 50> (circle) |

|  |  |  |  |
| --- | --- | --- | --- |
| Requested Credit Amount: | $ |  |  (enter $) |

Note: For orders exceeding a company’s credit limit, MGV will require a bank “Letter of Credit”.

|  |  |
| --- | --- |
| Bank: |  |
| Address: |  |
| City: |  | State: |  | Zip: |  |
| Contact: |  | Fax: |  | PH: |  |

|  |
| --- |
| Major Suppliers:  |
| Company: |  |
| Contact: |  | Fax: |  | PH:  |  |

|  |  |
| --- | --- |
| Company: |  |
| Contact: |  | Fax: |  | PH:  |  |

|  |  |
| --- | --- |
| Company: |  |
| Contact: |  | Fax: |  | PH:  |  |

|  |  |
| --- | --- |
| Company: |  |
| Contact: |  | Fax: |  | PH:  |  |

We certify that the information above is correct and authorize your verification of this information. It is our understanding that this information is for the use of your credit department only and will be held in the strictest confidence.

Date:\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_