



MMC Track Works

CREDIT APPLICATION

For the purpose of establishing open account privileges the undersigned furnishes the following information:

Date _____ Contact _____

Applicant's Name _____

INVOICE Address _____

Phone _____ Fax _____ Years in Business _____

Federal ID Number _____ Sales Tax Exemption Number _____

Please circle one: C-Corp S-Corp Partnership Other _____

If Corporation - Incorporated in State of: _____

Corporate Officers, Partners or Owners (Titles and Names):

Title:

Name:

_____	_____
_____	_____
_____	_____

BANK REFERENCE

Bank Name and Address _____

Contact Name _____ Phone Number _____

Checking _____ or Savings _____ Account #: _____

INDUSTRY TRADE REFERENCES

Name	Address	Phone/Fax or E-mail
------	---------	---------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Accounts Payable Contact _____ Phone _____

A/P E-mail Address _____ Fax _____

In submitting this information, I hereby verify on behalf of the Applicant that the above information is true and correct. On behalf of the Applicant, I further agree to the Standard Terms and Conditions of Sale, payment terms are 15 days (late payments will be charged 1% monthly late fee) and authorize you to investigate Applicant's credit posture as you deem necessary:

Authorized Signature of Applicant _____ Title _____ Date _____

Please return completed, signed form to: JenaMennie@mennies.com or fax 815-339-6550

Jena Mennie, Credit Department
MMC Track Works RR1 Box 131 Granville, IL 61326
Phone: (815) 339-2226 Fax: (815) 339-6550