



Marktec Products
653 Ellicott St.
Batavia, NY 14020
 FAX: 585-344-4109
 TEL: 800-627-5832

CREDIT APPLICATION

Firm Name _____ Subsidiary of _____
 Street Address _____ Type of Business _____
 City _____ State _____ Zip _____ D&B Rating (if any) _____
 Phone _____ Credit Limit Desired _____
 Type of Business: Corporation _____ Partnership _____ Other _____
 How long in business _____ How long at present address _____
 Management: Name and Title of principal officers and / or owners _____

Purchasing Contact _____ A/P Contact _____

BANK REFERENCES

Name _____	Name _____
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Account No. _____	Account No. _____
Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____

CREDIT REFERENCES

Name _____	Name _____
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Account No. _____	Account No. _____
Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____

Name _____	Name _____
Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____
Account No. _____	Account No. _____
Phone No. _____ Fax No. _____	Phone No. _____ Fax No. _____

I certify that all statements made by me in this application are for the purpose of obtaining credit and are correct to my knowledge. I authorize these references to release my credit status and to provide such other information as Marktec may require. The undersigned expressly agrees to make payment in full to Marktec for all purchases in accordance with Marktec invoices. Applicant acknowledges that all accounts over 30 days old will be assessed a service charge at the maximum permitted by law. The undersigned agrees to pay a reasonable attorney's fee and all other costs and expenses incurred by Marktec in the collection of any obligation of the undersigned pursuant hereto. This application for credit, once accepted by Marktec shall become part of every invoice to applicant and is incorporated herein. This application shall remain Marktec's property whether or not it is accepted and approved.

The following must be signed by an authorized company officer.

Signature _____ Title _____ Date _____



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In an effort to better serve you and all of our customers, we require the following information in order to set up an account. To assist us in this process, we ask that you complete the following forms and return it to us via fax at 800-765-2768

Bill To Address: _____

A/P Contact: _____
Telephone Number: _____
Fax Number: _____

e-mail address: _____

Tax Exempt: Yes _____ No _____

Tax Exempt Number: _____

PLEASE INCLUDE A SIGNED TAX EXEMPT CERTIFICATE FOR OUR RECORDS.

Ship To Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Once we have received the above form completed, along with the completed credit application and Tax Exempt certificate (if necessary), we will set up your account into our system.