

# MLP MFG., INC.

PO Box 231  
Spring Lake, MI 49456  
Office 616-842-8767  
Fax 616-842-1536

## CREDIT APPLICATION

COMPANY NAME AND BILLING ADDRESS:

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SHIPPING ADDRESS:

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PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

BANK REFERENCE: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

CHECKING ACCOUNT # \_\_\_\_\_

SAVINGS ACCOUNT # \_\_\_\_\_

REFERENCES (PLEASE LIST FREQUENTLY USED SUPPLIERS)

NAME	PHONE	ADDRESS	FAX
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

OUR BUSINESS WAS FOUNDED IN: \_\_\_\_\_

OUR ANNUAL SALES ARE: \_\_\_\_\_

THE MAXIMUM CREDIT WE WOULD REQUIRE IS: \$ \_\_\_\_\_

I, the undersigned, hereby state that the information listed on this application to be accurate to the best of my knowledge. I give my consent and authority to MLP MFG., INC. to investigate and verify the information provided.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_