



CREDIT APPLICATION

If you wish to open an account with MAT-VAC Technology, Inc., please submit the following information so that we may obtain a credit history. The form should be printed, filled out, and e-mailed to us at sales@mat-vac.com or faxed to 386-238-0976.

FIRM NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
 TYPE OF BUSINESS: _____
 Corporation: Partnership: Proprietorship: Years Established: _____

Principals (Name of Officers or Owners)

 Position: _____

 Position: _____

 Position: _____

TRADE REFERENCES				
1.	NAME:			ACCOUNT #:
	ADDRESS:			PHONE:
	CITY:	STATE:	ZIP:	FAX:
2.	NAME:			ACCOUNT #:
	ADDRESS:			PHONE:
	CITY:	STATE:	ZIP:	FAX:
3.	NAME:			ACCOUNT #:
	ADDRESS:			PHONE:
	CITY:	STATE:	ZIP:	FAX:

B A N K	NAME:	ACCOUNT #:	CONTACT:	
	ADDRESS:			PHONE:
	CITY:	STATE:	ZIP:	FAX:

SUBMITTED BY: _____
 (Please, print your name)

SIGNATURE: _____