



Sales Rep #: _____

BILT-RITE MASTEX HEALTH
CREDIT APPLICATION

Date: _____ Credit Limit Requested: \$ _____

Company Information

Company Name: _____ Years in Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Buyer Contact: _____ Phone: _____

Buyer Email: _____ Fax: _____

Accounts Payable Contact: _____ Phone: _____

Accounts Payable Email: _____ Fax: _____

Bank Reference

Bank: _____ Contact: _____

Phone: _____ Fax: _____

Email: _____

Trade References

Company: _____ Company: _____

Contact: _____ Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Company: _____ Company: _____

Contact: _____ Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Please attach a copy of your resale certificate and tax exempt certificate where applicable.

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of _____, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation.

Applicant Company Name:

Signature: _____ Title: _____

Print Name: _____ Date: _____