

# APPLICATION FOR CREDIT

Name of Firm or Individual \_\_\_\_\_

Address \_\_\_\_\_ Years in Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Type of Business \_\_\_\_\_ FAX Number \_\_\_\_\_

HEREBY APPLIES FOR CREDIT (AMOUNT \_\_\_\_\_) IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:



**MAG-TROL, Inc.**  
**Electrical Distributors**  
**2176 N. BATAVIA ST**  
**ORANGE, CA 92865**  
**(714) 998-8500 Fax (714) 998-9548**  
**sales@mag-trol.com**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Taxable \_\_\_\_\_ Resale \_\_\_\_\_ (Please provide certificate)

1. \_\_\_\_\_  
Name(s) of Principal(s) Address Zip Phone

2. \_\_\_\_\_  
Name(s) of Principal(s) Address Zip Phone

Bank Address Phone Number

Bank Officer or Department FAX Number

## BUSINESS REFERENCES

Business Name Address Zip FAX Number Account #

Business Name Address Zip FAX Number Account #

Business Name Address Zip FAX Number Account #

We certify that all the information on this form is correct. We fully understand that terms are **Net 30 Days** and we agree to the prompt and proper payment of all invoices.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_