



APPLICATION FOR CREDIT

Marvair, Inc.
P.O. Box 400 • Cordele, Georgia 31010-0400
Phone (229) 273-3636

Date _____

Company Name or Individual _____

Street Address _____

City _____ State _____ Zip Code _____

Billing Address _____ Years at Present Address _____

Phone Number _____ Fax Number _____

Corporation _____ Date Incorporated _____ Partnership _____

Where Incorporated _____

Principals of Company: _____ D & B Number _____

Owner _____	President _____
Vice President _____	Secretary _____

Treasurer _____ Accounts Payable Email _____

Is company tax exempt? _____
(If yes, please attach copy of certificate)

Trade References:

1.	Name _____	Address _____	City, State _____
	Phone _____	Fax _____	_____
	Email _____	_____	
2.	Name _____	Address _____	City, State _____
	Phone _____	Fax _____	_____
	Email _____	_____	
3.	Name _____	Address _____	City, State _____
	Phone _____	Fax _____	_____
	Email _____	_____	

I do hereby grant Marvair®, Inc. permission to investigate and solicit information regarding the above-named company by obtaining data from a credit reporting agency and/ or other sources. I the undersigned, being an authorized agent of the entity listed above as the applicant for the extension of commercial credit, understand the stated terms and conditions of sale and agree to pay all invoices received within the terms. I also agree to pay interest of 1.5% per month, each and every month, on the past due unpaid balance, until the entire balance is paid in full. I also agree to pay all collection or legal fees incurred by Marvair as a result of non-payment. Marvair reserves the right at all times to limit or terminate credit terms.

Information given by _____

FOR MARVAIR USE ONLY

Credit Approved _____ Terms _____ Date _____

Signed _____ Title _____

Brand Portfolio: _____

