## APPLICATION FOR CREDIT



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

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: Owner	D & B Number
Vice President	Secretary
Treasurer	Accounts Payable Email
In an annual fact and a second of the second	ease 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	
a credit reporting agency and/ or other sources. I the undersigned, extension of commercial credit, understand the stated terms and c also agree to pay interest of 1.5% per month, each and every montl	it information regarding the above-named company by obtaining data from being an authorized agent of the entity listed above as the applicant for the onditions of sale and agree to pay all invoices received within the terms. I h, on the past due unpaid balance, until the entire balance is paid in full. I a result of non-payment. Marvair reserves the right at all times to limit or
FOR MARVAIR USE ONLY	
Credit Approved Terms	Date
Signed	Title













