2227 South St. P.O. Box 044170 Racine, WI 53404-7003 ph: 262-681-1300 Respond by E-mail: jfuentes@Marlo-Inc.com

Application for Credit



Business Information

Company Name				DBA _	
Address				State	Zip
Mailing Address	City_			State	Zip
Phone	Fax _	Fax		/contact	
DNB Number		_ Federal ID # _		State	e ID #
Date Business Commenced	[☐ Corporation	☐ Partnership	LLC	☐ Sole Proprietorship
Accounts Payable Contact					
Phone	Fax _		email		
Owners or Principals					
Name	Title			email	
Name	Title			email	
Bank Information					
Bank Name	——— Phone	e		Fax	
Address		City.		State	Zip
Savings Acct. #		Cl	necking Acct. #		
Loan Acct. #	Contact Name				
Trade References					
Company Name		Pho	ne	Fax .	
Address		City.		State	Zip
Contact		er	nail		
Company Name		Pho	ne	Fax _	
Address		Cit <u>y</u>		State	Zip
Contact		er	nail		
Company Name		Pho	ne	Fax _	
Address		City		State	Zip
Contact		er	nail		
Sale Terms and Conditions Payment Terms: All invoices are payabl approval of Marlo's Credit Departmer automatic suspension of your credit faresponsible for all collection costs. Cle Applicant signature warrants that the authorize Marlo Inc. to make inquiries SIGNATURES:	nt. A finance chargodilities and any ne rical errors in Quabove information into the banking	ge of I ½% per monew order will then hand the solutions or invoices and and related financial and business/trade re	th will be charged on pa ve to be paid in advance are subject to correction I disclosure is true and a eferences you have suppl	st due accounts. P If a collection issu ccurate. By submit	ast due invoices can cause an ue arises, the buyer will be
Name		I itl∈	<u> </u>		date