

2589 Hotel Rd Auburn, ME 04210 Phone: 207-783-6680 Fax: 207-783-8055

CREDIT APPLICATION

Thank you for contacting Mountain Machine Works. Please complete this form and return to billing@mountainmachineworks.com. If you are tax exempt in the State of Maine, please include a copy of your tax-exempt certificate.

Con	npany Informati	on				
Name of Company:			Date:			
Parent Company:						
Type of Business: Inc.	Corp.	Other				
Name of Owner or Principal Officer:						
Title:						
Contact Person:						
Title:		Phone:				
email:						
Accounts Payable Contact:						
Title:		Phone:				
email						
Add	dress informatio	on				
Billing Address:						
City:	Stat	e:	Zip			
Phone:	Fax:					
Do you accept invoices via email?	YES	NO				
email:						
Shipping Address:				Same as Above		
City:	Stat	e:	Zip			
Phone:	Fax:					
Credit Requested						
Annual Credit Requested: \$		Terms Requested:				
Do you have a pending Mountain Machine Wor	ks Quote?	Yes		No		
If yes, please include the quote number:						
Federal ID #	Are yo	u Tax Exempt?	YES	NO		
If you have any additional pertinent information, please note:						



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CREDIT REFERENCES					
Company:					
Address:					
	City:	State:	Zip		
	Phone:	Fax:			
	Contact Name:		Account #		
Company:					
Address:					
	City:	State:	Zip		
	Phone:	Fax:			
	Contact Name:		Account #		
Company:					
Address:					
	City:	State:	Zip		
	Phone:	Fax:			
	Contact Name:		Account #		
BANKING INFORMATION					
Bank:					
Address:					
	City:	State:	Zip:		
Contact:		Phone:			
I hereby certify that the information contained herein is complete and accurate. This information has					
been furnished with the understanding that it is to be used to determine the amount and conditions					
of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this					
credit application to release necessary information to the company for which credit is being applied					
for to verify the information contained herein.					

Please return to Mountain Machine Works, along with a copy of your company W-9, and current Tax Exempt Certificate.

Date: _____

Signature: