



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

CREDIT APPLICATION

Date _____

Company Name _____

Annual Credit Requested

Parent Company _____

\$ _____

Billing Address _____

Terms Requested _____

City _____ State _____ Zip _____

AP e-mail _____

Tax Exempt # _____

Mailing address _____

Shipping Address #1 _____

City _____ State _____ Zip _____

Contacts Name and Title _____

Phone: _____ Fax: _____

e-mail: _____

Name of Owner or Principal Officer _____

Type of business _____ Inc. _____ Corp. _____ Other _____

Please provide your banking information and at least trade reference where you have similar credit to what you are requesting. We are in need of the company name, address, telephone and fax #, contact name and account #.

If you are Tax Exempt please provide a Copy of your Tax Exempt Certificate for our files.

***You will receive notification from MMW when your credit is approved – until credit is approved the payment terms will be CASH, Major Credit Card, Bank Check or Business Check.*

Signed _____

Date _____

Return form to: billing@mountainmachineworks.com