



tel. (207) 452-2000 fax (207) 452-2900 www.moirco.com

CREDIT APPLICATION

Business Name			Phone
Street Address			Fax
City/State/Zip			D&B No
[] Individual Owner [] Partnership	[] Corporation	Years in Business
Owner/Manager			Ext
Sales Contact			Ext
Accounts Payable			_ Ext
Shop Contact			Ext
Trade References:			
Name			Phone
Address			Fax
Name			Phone
Address			Fax
Name			Phone
Address			Fax
Bank Reference:			
Bank			Phone
Address	· · · · · · · · · · · · · · · · · · ·		_ Fax
Contact		Acco	ount No.
			cordance with our "Net 30 Days" terms. es that credit privileges, if granted, may
I declare that I have examined to given therein is true and complete		that, to the best of my	knowledge and belief, the information
Signed		Title	Date