



PO Box 275, 83 Princeton Ave #1D, Hopewell, New Jersey 08525 USA
 Tel: (609)466-1751, Fax: (609)466-4116, Website: www.mcc-us.com

Business Credit Application

| | | |
|--|---------|-------------------|
| Company Information ***Required*** | | |
| Full Company Name | | Years in Business |
| Street Address | | |
| City | State | Zip |
| Billing Address | | |
| City | State | Zip |
| Telephone # | Fax# | WWW: |
| Type of Business | | Tax ID# |
| | | |
| Business Structure ***Required*** | | |
| <input type="checkbox"/> -Public Corporation <input type="checkbox"/> -Private Corporation <input type="checkbox"/> -Proprietorship <input type="checkbox"/> -Partnership or LLC | | |
| <input type="checkbox"/> -Other (Please Specify) | | |
| | | |
| Accounts Payable Information ***Required*** | | |
| Contact | | Title |
| Telephone # | Fax# | Email: |
| | | |
| Bank Reference (may include on separate sheet) | | |
| Bank Name | | Account# |
| Street Address | | |
| City | State | Zip |
| Contact | Tel # | |
| | | |
| Trade References (may include on separate sheet) | | |
| Name | Contact | Tel # |
| 1. | | |
| 2. | | |
| 3. | | |
| <p>I hereby release any and all credit or financial information to MCC or its assignees. By signing I am accepting all "MCC Terms and Conditions". (http://www.mcc-us.com/MCCterms.htm)</p> | | |
| <p>Please complete and fax this application to the Credit Department at 1(609)466-4116</p> | | |
| Signature | | Date |
| | | |
| Print Name | | Title |
| Telephone # | Fax# | WWW: |
| | | |
| Business Credit Application.wpd | | 24-FEB-2011 |