



Martin Door & Window
3037 North St. Peters Parkway
St. Peters, Mo 63376
636-928-3875 Fax: 636-447-8853

COMMERCIAL BUSINESS CREDIT APPLICATION

Business Name: _____

Street Address: _____

Mailing Address: _____

Telephone: _____ Fax: _____

Legal Status (**check one**) () Corp. () Partnership () Sole Proprietor Year Established: _____

Tax I.D.# or S.S.#: _____ Type of Business: _____

Names of Authorized Buyers: _____

OWNERS: (If applicable is a sole proprietor or partnership or officers – if a corporation)

Name: _____ Title: _____

SS#: _____ Driver's License#: _____

Home Address: _____

Home Phone: _____

Name: _____ Title: _____

SS#: _____ Driver's License#: _____

Home Address: _____

Home Phone: _____

FINANCIAL INFORMATION

Checking Acct Number: _____ Name on Acct: _____

Institution Name: _____ Location: _____

Savings Acct. Number: _____ Name on Acct: _____

Institution Name: _____ Location: _____

TRADE REFERENCES: (Minimum of 3 References)

Name: _____

Address: _____

Phone #: _____ Fax #: _____

Name: _____

Address: _____

Phone#: _____ Fax #: _____

Name: _____

Address: _____

Phone #: _____ Fax #: _____

PERSONAL GUARANTEE

Terms are Net 30 days from invoice ship date. In the event that it becomes necessary to release an account to our outside collection agent or an attorney, all related costs will be added to the debtor's balance due. I/We have read, understand, and accept these terms. I/We agree to notify Martin Door promptly of any changes in ownership of the business conducted under the account name, and agree to liability for all changes to the business conducted under the account name unless and until Martin Door receives written notice of a change in ownership of that business. I/We certify that all the above information is true and correct, and that we can and will comply with your terms.

Officer Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize our references and bank(s) to release any information to assist in establishing a line of credit with Martin Door Company.

Firm Name: _____

Authorized Signature: _____

Print Name and Title: _____