

MaDex Associates, Inc

BUSINESS CREDIT APPLICATION

ACCOUNTING CONTACT INFORMATION	
YOUR NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORTATION OTHER			

BANK INFORMATION		
BANK NAME		CONTACT NAME
ADDRESS		PHONE
CITY	STATE	ZIP CODE
TYPE OF ACCOUNT	ACCOUNT NUMBER	
SAVINGS		
CHECKING		
OTHER		

BUSINESS REFERENCES
Please provide us at least three other companies your business has established credit with previously

1 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		

2 COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		
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CARRIER REFERENCES

3 CARRIER NAME		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

4 CARRIER NAME		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	STATE	ZIP CODE	
COMMENTS			

CREDIT AGREEMENT
<p>1 All invoices must be paid within 30 days of the date issued</p> <p>2 Any claims regarding an invoice issued must be made within 7 days of the date issued</p> <p>3 You authorize inquiry into the banking and business references provided within this application</p>

COMPANY REPRESENTATIVES	
1 SIGNATURE	TITLE
NAME	DATE

2 SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS	
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