

# MixMasters, Inc.

11 Colmer Road • Lynn MA 01904 • (781) 593-9321 • Fax (781) 593-3693

## APPLICATION FOR CREDIT

Company Name: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Purchaser: \_\_\_\_\_

Accts Payable Contact: \_\_\_\_\_

Press Operator: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Tax Exempt Number: \_\_\_\_\_

(MA customers, we are required to charge sales tax if this field is left blank)

Please check manner of account status you which to apply for:

\_\_\_ M/C, VISA, AMEX, DISCOVER Account

\_\_\_\_\_ card #, \_\_\_\_\_ exp.

\_\_\_\_\_ Name on Card

\_\_\_\_\_ Billing address of card

\_\_\_\_\_ Verification code

\_\_\_ NET 30 Account (Please List Three Trade References)

Name: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Acct #: \_\_\_\_\_ Terms \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Acct #: \_\_\_\_\_ Terms \_\_\_\_\_

Name: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_

Phone: \_\_\_\_\_ Your Acct #: \_\_\_\_\_ Terms \_\_\_\_\_