

APPLICATION FOR CREDIT WITH MCKIE SPLINTS, LLC

Date:

Business Name (legal):

Billing Address:

Shipping Address:

Phone:

Phone:

Fax:

Fax:

Email:

Email:

Check Type of Business Entity:

Proprietorship  Corporation  Partnership  Limited Liability Company

Other (Explain) \_\_\_\_\_

Date Business was established: \_\_\_\_\_

OWNERS/PRINCIPALS/OFFICERS

Name:

Name:

Title:

Title:

SSN/EIN:

SSN/EIN:

Address:

Address:

Home Phone:

Home Phone:

Bank Reference:

Bank Name:

Contact Name:

Street Address:

Phone:

City/State/ Zip:

Business Credit References

Name	Address	Email
1.		
2.		
3.		

Your signature authorizes us to conduct a credit search as to the information above. The undersigned applicant agrees to abide by the terms and conditions set forth on our contract/order form. All legal fees, court costs and collections fees shall be paid by the applicant if it becomes necessary to enforce collection. All invoices are due within 30 days of invoice date. Notwithstanding to whom bills are rendered, agency or buying services, jointly and severally shall remain obligated to pay the invoices in full within the time specified.

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed form to [info@mckiesplints.com](mailto:info@mckiesplints.com)  
or fax to (218) 727-4999