



CREDIT APPLICATION

REMIT TO ADDRESS: PO Box 122539, Fort Worth, TX 76121

Please complete this credit application in full and return to Doug Pentecost
fax 817-560-3462 or email douglas.pentecost@marcocompany.com

Name _____ Date _____

Phone _____ Fax _____

Street Address _____

City _____ State _____ ZIP _____

Mailing Address _____

City _____ State _____ ZIP _____

Doing Business As _____

Principal Business _____

Parent Company _____

Parent Company Location _____

Years in Business _____ State Incorporated _____

Business Type Corporation Partnership Proprietorship

OFFICERS/CONTACTS

Name _____ Phone _____

Name _____ Phone _____

BANK INFORMATION

Bank Name (CHECKING) _____ Bank Branch _____

Bank Officer _____ Account Number _____

Bank Address _____

City _____ State _____ ZIP _____

Phone _____



CREDIT APPLICATION

TRADE CREDIT REFERENCES

(Do Not Include Affiliated Organizations)

Name of Business _____

Contact _____

Phone _____ Fax _____

Street Address _____

City _____ State _____ ZIP _____

Name of Business _____

Contact _____

Phone _____ Fax _____

Street Address _____

City _____ State _____ ZIP _____

Name of Business _____

Contact _____

Phone _____ Fax _____

Street Address _____

City _____ State _____ ZIP _____

Name of Business _____

Contact _____

Phone _____ Fax _____

Street Address _____

City _____ State _____ ZIP _____

TERMS NET 30

1. We certify that all information on this form is correct. We fully understand credit terms and agree to the proper payment in consideration of extended credit.
2. In the event of default by Applicant/Purchaser _____ shall be entitled to all cost and expenses incurred, including reasonable attorney fees, to enforce the terms of this Agreement.