



CREDIT APPLICATION

ACCOUNT INFORMATION

Business Name: _____

Street Address: _____

Billing Address
(if different): _____

City, State, Zip: _____

Phone: _____ Fax: _____

Year Established: _____ Line of Business: _____

Sole Proprietorship Partnership Corporation FED Tax ID: _____

OWNER, PARTNERS, OR OFFICERS

Name: _____ Title: _____

Name: _____ Title: _____

ACCOUNTING INFORMATION

Name: _____

Email: _____

Phone: _____

PO / JOB REFERENCE: _____

Invoices sent via: EMAIL MAIL

Terms: Invoicing CC on file ACH

BANK REFERENCES

Bank Name: _____ Account #: _____

Address: _____

CREDIT REFERENCES

NAME	ADDRESS	PHONE	FAX

AGREEMENT

I hereby warrant that the above information is true and correct, and is furnished for the purpose of establishing a vendor relationship with Mastin's and/or Co-Man. I hereby agree that Mastin's and/or Co-Man may investigate my record and that, if approved, Mastin's and/or Co-Man may furnish this authorization to secure the information they need to establish a business relationship.

Authorized Signature: _____ Date: _____

Printed Name & Title: _____

Please note our remit to address: Mastin Septic Tank/Co-Man Portables, 12004 Waterville Swanton Rd., Whitehouse, OH 43571