

CREDIT APPLICATION

OWNERSHIP:

BUSINESS NAME				DATE	=	
STREET			CITY	STAT	ΓE	ZIP
BILLING ADDRESS			CITY	STAT	ГЕ	ZIP
□ PAF	RPORATION RTNERSHIP	CELL PHO	NE#	FAX#	E-MAIL ADDRE	SS
FED ID #:			S.S. #	#:		
DATE ESTABLISHED)	# OF EMPLOYEES		ACCOUNTS PA	YABLE CONTACT	
NAME (PRESIDENT))	ADDRESS	CITY	STAT	ΓE	ZIP
NAME (VICE PRESID	DENT)	ADDRESS	CITY	STAT	ГЕ	ZIP
BANK REFERENCES	S:					
BANK NAME				PHONE #		
BANK ADDRESS		ACCOUNT	REPRESENTATI	VE	ACCOUNT NUMBER	
CITY		STATE	ZIP		PHONE #	
ACTIVE TRADE REF	ERENCES:					
NAME	ADDRESS	CITY	STAT	E ZIP		PHONE
NAME	ADDRESS	CITY	STAT	E ZIP		PHONE
NAME	ADDRESS	CITY	STAT	E ZIP		PHONE
NAME	ADDRESS	CITY	STAT	E ZIP		PHONE
GENERAL: HAVE YOU EVER APPL	IED FOR CRED	IT OR CONDUCTED BUS	INESS WITH MRLM	, LLC. OR JTO, INC. AFFII	LIATES? YES / NO IF SO, NAI	ME?
HAVE YOU EVER FILED	CORPORATE	OR PERSONAL BANKRU	PTCY? YES/NO	P.O. F	REQUIRED? YES / NO	
LINE OF CREDIT REQU	ESTED:		WILL YOU PAY SA	ALES TAX? YES / NO (I	F NO, ATTACH CERTIFICATE C	F EXEMPTION)
AT PRESENT LOCATIO	N SINCE:		-			
OF 2% PER MONTH. A	NY INVOICE AC	SING 45 DAYS OR MORE	WILL RESULT IN A	CREDIT HOLD BEING PL	E, PURCHASER AGREES TO P. ACED ON YOUR ACCOUNT. AI CCORDANCE WITH THE TERM	PPLICANTS SIGNATURE
SIGNED					DATE	
PERSONALLY AND UNC	CONDITIONALL SINESS OR IND	DIVIDUAL AND NOT PAID	VOICES, STATEME BY THEM IN ACCO	RDANCE WITH THE CREI	ONIES DUE TO MRLM, LLC. THA DIT TERMS SET FORTH ABOVE DIT REQUESTED BY THE ABOV	. I UNDERSTAND THAT I
DATED THIS	DAY OF					
SIGNATURE			PRINT	/ TYPE NAME:		
ADDRESS			CITY			
STATE			ZIP	PHOI	NE	