



# CREDIT APPLICATION

## COMPANY INFORMATION

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

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Years in Business: \_\_\_\_\_

Date Incorporated: \_\_\_\_/\_\_\_\_/\_\_\_\_ If Applicable

Tax ID#: \_\_\_\_\_ Federal ID# \_\_\_\_\_

Dunn & Bradstreet # \_\_\_\_\_ Resale # \_\_\_\_\_

## BUSINESS OWNERS OR OFFICERS

1. Name: \_\_\_\_\_

Title: \_\_\_\_\_

2. Name: \_\_\_\_\_

Title: \_\_\_\_\_

3. Name: \_\_\_\_\_

Title: \_\_\_\_\_

## BANK REFERENCE

Checking Account #: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

# **MUTECH**

## Computer Services

## CREDIT APPLICATION

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

### TRADE REFERENCES

1. Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

# **MUTECH**

## Computer Services

## CREDIT APPLICATION

Email: \_\_\_\_\_

4. Business Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_, \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Has applicant ever had a previous account with Mutech Computer Services? Yes \_\_\_ No \_\_\_

### **PAYMENT TERMS**

Purchaser agrees to make payments in full on or before the due date shown on the Invoice. The information on this application is for the purpose of obtaining credit, and Applicant acknowledges that Mutech Computer Services, Inc. will rely on it for granting credit. Applicant certifies that such information is true, correct and complete. Applicant authorized Mutech Computer Services, Inc. to investigate Applicants credit history and to furnish information on Applicant's credit history and payment performance to credit agencies or other businesses.

Authorized Signer, Applicant, accepts and agrees to the terms and conditions on this application and acknowledges that the above names financial institutions to furnish credit information to Mutech Computer Services, Inc.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

After completion, please return the completed form by fax or mail.  
Please allow up to two weeks for response.  
Once approved, our office will contact you.

**Mutech Computer Services, Inc.**  
Accounting Department  
420 US Highway 46 East  
Suite 10  
Fairfield, New Jersey 07004-1909  
Telephone: 973-439-0440 ♦ Fax: (973) 836-0434  
Email: emunoz@mutechgroup.com

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