

MERX**MERX TRADE, INC.**
CREDIT APPLICATION

Date:

Company Information

Company Name:		Phone:
Address:		Fax:
City:	State:	Zip:
Corporation ()		Partnership ()
Proprietorship ()		
If branch, Division or Subsidiary, Name & Location of Parent Co.		
Type of business:		Years in business:
Incorporated in:	No. of Employees	Amount of credit requested:
Accounts Payable Contact:		Receiving Contact:
Receiving Address:		Appointments Phone:

Principals Name	Ownership %	Title
1.		
2.		
3.		

Bank References

1. Name:	Address:	City:	State:
Officer:		Phone:	Zip:
2. Name:	Address:	City:	State:
Officer:		Phone:	Zip:

References (Trade Only)

1. Name:	Address:	City:	State:
Contact:		Phone:	Zip:
2. Name:	Address:	City:	State:
Contact:		Phone:	Zip:
3. Name:	Address:	City:	State:
Contact:		Phone:	Zip:

The information provided in this application is give for the propose of obtaining credit and is warrantees to be true, I (we) hereby authorize the firm or its agents to whom this application is made to investigate the references listed pertaining to our credit and financial responsibility.

Signed by: _____	Title: _____	Date: _____
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For Credit Department use only:

_____ Authorization	\$ _____ USD Amount of Credit authorized:	_____ Date:	_____ Credit Department Authorization	_____ Comptroller Department Authorization
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Fax Number +52 (81) 8385-5662