

**MIFAB Inc.**  
Telephone: (773) 341-3030 (U.S.)  
Fax (773) 341-3050  
**CREDIT APPLICATION**

**General Information**

Legal Company Name: \_\_\_\_\_

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

Wholesalers Sales Tax Exemption Number: \_\_\_\_\_

Telephone Number:( ) \_\_\_\_\_ Fax Number:( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Company Profile:**

Type of Company: ( ) Proprietorship ( ) Partnership ( ) Corporation

Nature or type of Business: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Number of Invoices Required: \_\_\_\_\_ Statement Required: \_\_\_\_\_ P.O. Required: \_\_\_\_\_

Send Invoices via email: \_\_\_\_\_

**Principals**

Owner / President Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bank Information**

Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Trade References** (Please provide local fax numbers only please - no 800 #)

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

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

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

4.Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

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

(Please Print)

\* This form must be signed in order to process the credit application.