



Remit to Address
 9407 Middlex Drive
 San Antonio, TX 78217

CREDIT APPLICATION

Please Submit to:
 accounting@mechreps.com

***Required Fields**

Principal Suppliers is a required field if you are not providing them on an external document.

OFFICIAL BUSINESS NAME*		TRADESTYLE "DBA" (IF DIFFERENT FROM BUSINESS NAME)			
SSN OR TAX ID	BUSINESS STRUCTURE (Check one) LLC Individual Corporation Partnership		TYPE OF BUSINESS		HOW LONG IN BUSINESS
BILLING ADDRESS*		CITY*		STATE*	ZIP CODE*
SHIPPING ADDRESS (IF DIFFERENT FROM BILLING ADDRESS)		CITY		STATE	ZIP CODE

ACCOUNTS PAYABLE INFORMATION

AP CONTACT*	AP TELEPHONE NO.*	EMAIL FOR AP QUESTIONS/PAYMENT INQUIRIES*
ONE EMAIL ADDRESS FOR INVOICES*		

MONTHLY STATEMENTS TO BE SENT TO (Check one)

AP Email Email for Invoices Other _____

BANK REFERENCES

NAME	TELEPHONE NO.	Contact Name
NAME	TELEPHONE NO.	Contact Name

PRINCIPAL SUPPLIERS

COMPANY NAME*			COMPANY NAME*		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
EMAIL ADDRESS OR FAX*			EMAIL ADDRESS OR FAX*		
ACCOUNT NUMBER			ACCOUNT NUMBER		

COMPANY NAME*			COMPANY NAME*		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
EMAIL ADDRESS OR FAX*			EMAIL ADDRESS OR FAX*		
ACCOUNT NUMBER			ACCOUNT NUMBER		

PLEASE SUBMIT COMPLETED FORM TO: accounting@mechreps.com

The above information is submitted to Mechanical Reps Inc for consideration as a basis for the extension of credit. You may refer to the references listed herein. Applicant understands and agrees to the attached Terms and Conditions of Sale. Terms: Net 30 days from Shipment. Should it become necessary for MRI to pursue further collection methods, applicant agrees to and shall pay an additional amount equal to court cost, attorney fees and any other amounts associated with collecting said debt. There will be an NSF fee charged for any checks returned unpaid by your bank.

 Authorized Signature of Applicant*

 Title

 Date*



Mechanical Reps Inc.

DATE: _____

TO: _____

We are authorizing the bank to release information about our account outstanding, credit line and payments history to Mechanical Reps, Inc., to be used explicitly for establishment of an open account and credit line. This information is to be kept in the strictest of confidence.

SIGNED: _____

PRINT NAME: _____ TITLE: _____

COMPANY: _____

BANK ACCOUNT #: _____

Dear Sir/Madam,

The above customer is applying for a credit line with Mechanical Reps, Inc. and has given your bank as a reference. Kindly provide us with the following information and send this form to us at pamd@mechreps.com. Should you have any questions, please call us (512.444.1835).

DATE ACCOUNT OPENED: _____ AVE. BALANCE MAINTAINED: _____

LINE OF CREDIT (IF ANY): _____ SECURED?: _____

CREDIT LIMIT: _____ AMOUNT NOW OWING: _____

PAYMENT HABITS: _____ NSF CHECKS: _____

OVERALL CREDIT RATING: _____

COMMENTS: _____

We assure you that this information will be kept strictly confidential. Your immediate reply will be very much appreciated.

Sincerely,

Mechanical Reps, Inc.
Accounts Receivable

Complete Credit Applications should be emailed to our Credit Department at accounting@mechreps.com

9407 Middlex Drive • San Antonio, Texas 78217 • Phone: 210.650.9005 • Fax: 210.590.1645

www.mechreps.com