

The Macx LLC
13891 Jetport Loop Unit #2
Fort Myers, FL 33913
(239) 332-0400



Application for credit

Name of business: _____
Street Address: _____
PO Box or Unit number _____
City _____ State _____ Zip _____
Telephone _____ Fax _____ Email _____
Does your company operate under any different names? _____ In the past? _____
If yes, what are the names? _____
Is your company exempt from state sales tax? _____
If yes, please provide a tax exemption form.

Number of years in business? _____
Type of business entity: Corporation _____ Partnership _____ Individual _____
Have you incorporated within the last 12 months? _____

Name of principal(s)	Home address	Home phone
_____	_____	_____
Title: _____	_____	_____
_____	_____	_____
Title: _____	_____	_____
_____	_____	_____
Title: _____	_____	_____

Bank References

1) Bank Name _____ Branch _____
Account number _____ Telephone _____
Fax number _____
2) Bank Name _____ Branch _____
Account number _____ Telephone _____
Fax number _____
3) Bank Name _____ Branch _____
Account number _____ Telephone _____
Fax number _____

References

Provide at least three trade references with which you have an open account

1) Firm name _____
Street or PO Box _____
City, State, Zip _____
Telephone _____ Fax _____

2) Firm name _____
Street or PO Box _____
City, State, Zip _____
Telephone _____ Fax _____

3) Firm name _____
Street or PO Box _____
City, State, Zip _____
Telephone _____ Fax _____

4) Firm name _____
Street or PO Box _____
City, State, Zip _____
Telephone _____ Fax _____

Credit terms

All credit terms are 21 days from the date of invoice.

What is your requested line of credit? \$ _____

A monthly carrying charge of 1.5% will be charged to all past due accounts

I am an officer or duly authorized agent of the above company applying for credit. I hereby authorize The Macx LLC to verify the above information and/ or obtain a credit report for the purpose of verification and analysis of the information contained in this application, to contact any or all of the references provided and agree to hold harmless The Macx LLC from any and all liability arising from same.

I certify that the information provided is correct and that the company I represent understands, accepts, and agrees to proper payment as stated in the "Credit Terms" above.

Signature _____ Date _____

Printed Name _____ Title _____

Any incomplete or incorrect information will delay or prevent the processing of this application. Please allow 15 business days for processing of application.