

CONFIDENTIAL CREDIT APPLICATION



PO Box 660888
Dallas, TX 75266-0888
Call: 1-800-252-2186
Fax: 1-800-294-4390
Email: credit@myron.com
www.myron.com

Date _____

Date _____ Amount Requested \$ _____ Account # _____
(Myron use only)

CUSTOMER PROFILE

Company Name DBA _____ PO Box _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Cell _____
Phone _____
Company Contact _____ Email Address _____

FINANCIAL INFORMATION

DUNS # _____

Year Business Est _____ State of Formation _____ Years at Present Location _____
Corporation _____ Partnership _____ Sole Ownership _____
** Name of Legal Owner, Partners or Officers (if incorporated)*

Type of Business _____ Headquarters _____

Purchase Order Reqd Yes No PO # _____ Website _____

TRADE REFERENCES (Three active supplier references (open accounts only))

A. Company Name _____ Address _____
City _____ State _____ Zip _____
Contact Name _____ Telephone _____ Email _____

B. Company Name _____ Address _____
City _____ State _____ Zip _____
Contact Name _____ Telephone _____ Email _____

BANKING REFERENCES

Account # _____

Bank Name _____ Contact Name _____ Email _____ Phone _____
Address _____ City _____ State _____ Zip _____
Type of Account _____ Account # _____ Years Opened _____
Type of Account _____ Account # _____ Years Opened _____

I hereby authorize those listed above to disclose information on open accounts, lines of credit, and other pertinent information relevant to establishing an account with Myron Corp.

The above information is herewith submitted for the purpose of opening an account, and I do certify this information to be true.

Signed _____ Title _____ Date _____

OUR TERMS ARE NET 30 DAYS FROM INVOICE DATE - Add'l credit terms to be disclosed

PLEASE REPLY BY FAX (800) 294-4390 ATTN: Credit Department or credit@myron.com