

MES Credit Application

FROM _____
ADDRESS _____
CITY STATE ZIP _____
PHONE _____ FAX _____
EMAIL _____ WEB _____
TYPE OF BUSINESS _____
DATE ESTABLISHED _____

Proprietorship Partnership Corporation

BANK INFORMATION

BANK NAME _____
ADDRESS _____
CITY STATE ZIP _____
PHONE NUMBER _____
CONTACT NAME _____

REFERENCES

NAME #1 _____
ADDRESS _____
CITY STATE ZIP _____
PHONE/CONTACT _____

NAME #2 _____
ADDRESS _____
CITY STATE ZIP _____
PHONE/CONTACT _____

NAME #3 _____
ADDRESS _____
CITY STATE ZIP _____
PHONE/CONTACT _____

Have you, your partnership, or your corporation ever filed for bankruptcy? _____

We certify that all of the information on this form is correct and that we fully understand Moving Equipment Sales credit terms and agree to proper payment in consideration of extended credit. We understand that by signing and returning this application, we authorize Moving Equipment Sales to obtain a credit bureau report on the above named individual or entity.

1. SIGNATURE: _____ DATE : _____
PRINT NAME: _____
SOCIAL SECURITY #: _____

2. SIGNATURE: _____ DATE: _____
PRINT NAME: _____
SOCIAL SECURITY # : _____