



Application for Credit Account

Fax to MHS Accounts Receivable at
(856) 742-0237

Date of Application: _____

Applicant Name: _____

Contact Name: _____ Phone#: _____ Fax#: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone#: _____ Fax#: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone#: _____ Fax#: _____

A/P Contact: _____

Type Of Business: _____ D&B#: _____

Tax Exempt (circle one): Yes / No Tax Exempt#: _____ Tax Jurisdiction: _____

** If exempt, then must attach tax exemption certificate.*

PO Required (circle one): Yes / No

CREDIT INFORMATION

Name of Bank: _____ Phone #: _____

Bank Address: _____

City: _____ State: _____ ZIP: _____

Phone#: _____ Fax#: _____

Contact Name: _____ Account #: _____

TRADE REFERENCES

Name Of Company	Contact	Fax #(Include Area Code)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PERSONAL CREDIT INFORMATION

Principle's Full Name: _____

Principle's Home Address: _____

I authorize the above listed references to release account, credit and payment history information to MHS Lift, Inc., so they may evaluate this application for a credit account.

By: _____ Printed: _____ Title: _____ Date: _____

FOR INTERNAL USE ONLY

Requested By: _____ Acct. Mgr: _____ Customer Num: _____

Date Approved: _____ Credit Limit: _____ Alpha Lookup: _____