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Updated: 08/29/08
Form ARF-6 Rev. D

CREDIT APPLICATION - SHORT FORM

Entire form must be completed and signed for consideration of open credit terms.

COMPANY INFORMATION

Company Name		Federal ID#		
Billing Address	City	State	Zip	Phone #
Shipping Address	City	State	Zip	Phone #

BANK REFERENCE

Bank Name	Loan Officer		Years With Bank
Address	City	State	Zip
			Phone #

CREDIT CARD REFERENCES (Optional)

Name on Card	Cardholders's Title	Type	Exp. Date	Credit Card #
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ACCOUNT PAYABLE INFORMATION

Person(s) Responsible for Accounts Payable (Include Title)	Person Responsible for Signing Checks (Include Title)
Are Purchase Order Numbers required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Maximum Credit Requirement

