



Service is our Priority

Credit Application

Telephone: 713-433-1991 Toll Free (US) 800-227-3208 Fax: 713-433-9666

Physical Address: 15060 West Drive, Houston, TX 77053

Remit To Address: P.O. Box 450045, Houston, TX 77245

Date: _____

Company Information

Name of Business _____ Phone # _____

Legal (if different): _____ Fax # _____

Address: _____

City: _____ State _____ Zip _____ # of Employees _____

In Business Since _____ Corporation _____ Partnership _____ Proprietorship _____

If Division// Subsidiary: Name of Parent Company _____ In Business Since: _____

Officer or Owner: _____ Title _____

Officer: _____ Title: _____

Billing Address (if different from above): _____

Bank Reference

Institution Name _____ Checking Acct. # _____

Address: _____

Contact Name: _____ Phone: _____

Trade References

Company Name: _____ Contact Name: _____

Address: _____ Phone: _____

Company Name: _____ Contact Name: _____

Address: _____ Phone: _____

Company Name: _____ Contact Name: _____

Address: _____ Phone: _____

I hereby certify that the information contained herein is complete and accurate. The information included in this credit application is for use by MRAMCO in determining the amount and conditions of credit to be extended. I understand that MRAMCO may also utilize the other sources of application to release necessary in making this determination. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature _____ Title _____ Date _____

IF CREDIT IS GRANTED THE TERMS OF PAYMENT WILL BE NET 30 DAYS