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CREDIT APPLICATION

Acct. Manager _____

Business Name _____ Phone # _____

Bill To Address _____

Ship To Address _____

Accounts Payable Contact _____ A/P Phone # _____ Fax # _____

Accounts Payable E-mail Address* _____

*We send invoices & statements via email. Please list the email where you want these to be sent.)

Is this business affiliated with any other companies? Please list _____

Company Owners/Officers _____

Name

Title

Name

Title

Will your purchases be tax exempt?
Tax Exempt # _____

If so, please fill in your tax-exempt number.
* Please attach a copy of your Tax Exempt Form.

Names of Persons Authorized to Charge on this account.

Note: Please notify us in writing of any changes to this list.

Our terms are Net 15 days. If you disagree with anything on the invoice, it is your responsibility to contact MapleTronics Computers to resolve the problem before the invoice becomes past due. Past due accounts may be subject to late charges and credit hold.

I/We certify that the above information is true and correct and I/We agree to pay this account in accordance with your credit terms. I/We understand that a service charge may be assessed on past due invoices and I/We agree to pay such service charges when billed. I/We agree to pay for all charges incurred by those authorized to charge on this account and agree that any additions or deletions will be made in writing.

In the event that this account is placed in the hands of an attorney or collection agency for collection, I/We agree to pay all attorney or collection fees and court costs incurred.

Signed _____ Position _____ Date _____