



CREDIT APPLICATION

Please Submit Application to: Email: ardesk@mgmtransformer.com Fax: (323) 726-0605 Phone: (323) 726-0888

Section 1
Company Name
Billing Address
Phone Fax Contact Email address
Website URL
Year Established Number of employees DNB # Annual Sales
Ownership Type: Sole Proprietor Partnership S Corporation C Corporation Other
Public Corporation Private Corporation Date of Incorporation State
Est. Monthly MGM Purchases \$ Credit Line Requested \$

Section 2
Are you a subsidiary or a division? Yes No If No, skip to Section 3
If Yes, will the Parent Company Guarantee Debts? Yes No
If Yes, Parent Company Annual Sales
Parent Company Name:
Address:
City: State: Zip:
Signature of Corporate Officer Date
Printed Name of Signer Title

Section 3
I/We PERSONALLY GUARANTEE (Resellers and Privately Owned Only) payment for all materials purchased by applicant. (this is a continuing guarantee which shall remain in force until revoked by written notice, which notice shall be effective only as a transaction entered into after receipt thereof by MGM.)
NAME
TITLE
SIGNATURE X



CREDIT APPLICATION

AUTHORIZATION TO RELEASE BANK INFORMATION

By signing below, I am authorizing MGM Transformer to check _____ banking and trade
(Company Name)
references. I am also authorizing my banking and trade references to release information regarding my account(s)
and credit history to MGM Transformer.

Company: _____

Name: _____

Authorized Signer Title: _____

Authorized Bank Signer: _____

Authorized Signer Printed Name: _____

Authorized Signer Email: _____

Date: _____