



16309 W 108th Circle
LENEXA, KANSAS 66219
(913) 451-1151 • (800) 873-9718
FAX (913) 451-2160

Application for Credit

Date _____

Company Information

Business Name: _____

Billing Address: _____

Shipping Address: _____

Year started / Incorporated _____ Corporation__ Partnership__ Proprietorship__

If Inc. Fed. ID# _____ If Not Inc. SSN # _____

Amount of Credit Requested \$ _____ D&B Rating _____

Owner Information

Owners, Partners and or Corporate Officers (names and titles)

_____	_____
_____	_____
_____	_____
_____	_____

Bank Reference

Bank Name: _____

Address: _____

Checking Account # _____ Loan Account # _____

Contact Name: _____

Phone #: _____ Fax #: _____

Trade References

1) Business Name: _____

Address: _____

Contact Name: _____

Phone #: _____ Fax #: _____

2) Business Name: _____

Address: _____

Contact Name: _____

Phone #: _____ Fax #: _____

3) Business Name: _____

Address: _____

Contact Name: _____

Phone #: _____ Fax #: _____

IF THIS CREDIT APPLICATION IS ACCEPTED AND CREDIT IS EXTENDED, THE APPLICANT SHALL BE DEEMED TO HAVE UNDERSTOOD AND AGREED TO THE FOLLOWING TERMS AND CONDITIONS. TERMS ARE NET 30 DAYS. INTEREST SHALL BE ADDED TO ANY UNPAID BALANCE AT THE RATE OF 1 ½% PER MONTH WHICH IS EQUAL TO 18% PER ANNUM. IF ACCOUNTS ARE NOT PROMPTLY PAID WITHIN TERMS, THE APPLICANT AGREES TO PAY ALL COLLECTION FEES AND/OR ATTORNEYS FEES. I AUTHORIZE YOU TO RELEASE MY BANKING INFORMATION, BOTH BUSINESS AND PERSONAL TO MAGTEK, INC.

Printed Name _____ Date _____

SIGNATURE OF COMPANY OFFICER (OFFICER, PARTNER, OWNER) TITLE

Personal Guarantee of Payment

THE UNDERSIGNED HEREBY INDIVIDUALLY, JOINTLY, AND SEVERALLY GUARANTEE THE TOTAL DEBT. THIS PERSONAL GUARANTEE SHALL INCLUDE ANY AND ALL SUMS DUE FOR PRINCIPAL BALANCES, INTEREST AND LATE CHARGES AND COLLECTION FEES AND/OR ATTORNEY FEES. THIS GUARANTEE IS CONTINUING IN NATURE AND SHALL NOT BE REVOKED EXCEPT BY WRITTEN AGREEMENT WITH MAGTEK, INC.

SIGNATURE DATE



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BANK REFERENCE INQUIRY

I, _____ of _____
(name) (title) (company)
acknowledge that **Magtek, Inc** wishes to obtain a bank reference on the business checking
account number _____ of _____ (bank),
and I fully authorize this information to be given.

(signature) (date)

-----**BANK USE ONLY** ---- **DO NOT WRITE BELOW THIS LINE** -----

How long has this account been open? _____

Average monthly balance:
 Low 4 figures High 4 figures Low 5 figures High 5 figures Low 6 figures

Any stop payments on checks? None 1 to 4 5 to 10 10 to 20 More than 20

Any bounced checks? None 1 to 4 5 to 10 10 to 20 More than 20

Please furnish any other information that would help us to make a decision on establishing
terms with this account --use "comments" section below.

Your name: _____, Your title: _____

Bank stamp here: _____

Comments: _____

Bank please return the completed form to: Magtek Credit Dept. Fax number 913-451-2160