



# Credit Application

MI - IN - KY - NC - OH - PN - SC - TN

The Macomb Group  
Corporate Headquarters  
6600 East 15 Mile Road  
Sterling Heights, MI 48312  
TEL: 586.274.4100  
FAX: 586.274.4125  
www.macombgroup.com

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_ AP Phone#: \_\_\_\_\_

**Check One:** ( ) Corporation ( ) Partnership ( ) Sole Proprietorship ( ) LLC

**Taxable:** ( ) Yes ( ) No Federal Tax ID#: \_\_\_\_\_ DNB#: \_\_\_\_\_

(If No, please attach tax exempt certificate)

Applicant Signature: \_\_\_\_\_

**Principal Suppliers:**

Company Reference: \_\_\_\_\_ Year Acct. Opened: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Reference: \_\_\_\_\_ Year Acct. Opened: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Company Reference: \_\_\_\_\_ Year Acct. Opened: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Bank Information:**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Officer: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Please Note: OUR TERMS 1% 10 DAYS NET 30 DAYS**

*For Internal Use Only:*

**Salesman #:** \_\_\_\_\_

Sales Territory: \_\_\_\_\_ Default Location: \_\_\_\_\_

Cust Type Code: \_\_\_\_\_ Customer Code: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Price Matrix ID: \_\_\_\_\_

Approved by: \_\_\_\_\_ Entered Date: \_\_\_\_\_