



Credit Application

The Macomb Group
Corporate Headquarters
6600 East 15 Mile Road
Sterling Heights, MI 48312
TEL: 586.274.4100
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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: _____