

MIFAB Inc.
Telephone: (773) 341-3030 (U.S.)
Fax (773) 341-3050
CREDIT APPLICATION

MIFAB REPRESENTATIVE: _____

BUYING GROUP AFFILIATION: _____

General Information

Legal Company Name: _____

Mailing Address _____

Wholesalers Sales Tax Exemption Number: _____

Telephone Number:() _____ Fax Number () _____

E-Mail Address: _____

Company Profile:

Type of Company: () Proprietorship () Partnership () Corporation

Nature or type of Business: _____

Number of Years in Business: _____ Federal Tax ID (Attach a W-9) # _____

State Tax Exemption (Attach a copy of Certificate)# _____

Number of Invoices Required: _____ Statement Required: _____ P.O. Required _____

Send Invoices Via Email: _____

Principals

Owner / President Name: _____ Phone: _____

Accounts Payable Contact: _____ Phone: _____

Bank Information

Name of Bank: _____ Phone: _____

Address: _____ Fax: _____

Contact: _____

Trade References (Please provide local fax numbers only please - no 800 #)

1. Name: _____ Fax: _____

2. Name: _____ Fax: _____

3. Name: _____ Fax: _____

4. Name: _____ Fax: _____

Signature*: _____ Date: _____

Name: _____ Title: _____

(Please Print)

*This form **MUST** be signed in order to process the credit application.