



MILLENNIUM MAT COMPANY
3200 Shawnee Industrial Way
Suite 100
Suwanee, Georgia, 30024
Phone (678) 482-5623 * Fax (678) 482-5620

CREDIT APPLICATION

GENERAL COMPANY INFORMATION

Company Name:

Company Physical Address:

City: State: Zip:

Telephone: Fax:

Type of Business (Circle one): Proprietorship Partnership Corporation

Date Business Started: Are you Sales Tax Exempt: (Circle one): Yes No
(If yes, please attach tax-exempt form.)

BANKING REFERENCE

Bank Name: Account Number:

Bank Address:

Bank Phone: Bank Contact:

BUSINESS REFERENCES

- 1. Name: Contact: Phone: e-mail:
2. Name: Contact: Phone: e-mail:
3. Name: Contact: Phone: e-mail:

Accounts Payable Contact

Invoice / Billing Email (All invoices are submitted via email):

Accounts Payable Contact:

Phone Number: Fax Number:

Invoice Billing Address, if different from above:

PURCHASING CONTACT INFORMATION

Purchasing Contact: Phone: Fax:

Email address:

Are Purchase Orders Required to Order? (Circle one): Yes No



Continued

FREIGHT COMPANY

Parcel and Freight Company of Choice (list both) **NOTE: IF ORDER QUALIFIES FOR FREE FREIGHT – SELLERS RESPONSIBILITY**

Freight Company: _____ Phone: _____ Fax: _____

Freight Account Number: _____

Parcel Company: _____ Phone: _____ Fax: _____

Parcel Account Number: _____

Required Blind Shipping: (Circle one): Yes No

Additional Shipping Requirements: _____

Package Requirements: _____

Additional Business Requirements

If you have additional shipping and billing requirements please: (Circle one): Yes No

If you circle "Yes" – please attach all Doing Business Requirements _____

AMOUNT OF CREDIT REQUESTED \$ _____ **Terms Requested:** _____

If you chose to pay your account by credit card there will be a 3.5% convenience fee - initial here _____

Do you have a Representative or are you part of a Buying Group

Representative: _____

Contact Person: _____

Buying Group: _____ **Program:** _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

AUTHORIZATION

Authorized Signature: _____ **Title:** _____ **Date:** _____