



APPLICATION FOR CREDIT

| Contact Information | Billing Information |
|---------------------|---------------------|
| Contact Name | A/P Contact Name |
| Company Name | Company Name |
| Address | Address |
| | |
| Phone | Phone |
| Fax | Fax |
| Email | Email |

| Company Information | |
|---|---|
| Federal Tax ID Number: | Date Business Established: |
| Is your Company Exempt from PA Sales Tax: Yes No PA Tax Exemption Number | Type of Company: Corporation Partnership Sole Proprietorship |
| Purchase Orders Required: Yes No | Years at current location: |
| D & B Number | |

| Trade References | |
|------------------|---------|
| Company | Company |
| Address | Address |
| | |
| Phone | Phone |
| Fax | Fax |
| Company | Company |
| Address | Address |
| | |
| Phone | Phone |
| Fax | Fax |

| Bank References | |
|-----------------|-------------------------|
| Name of Bank | Phone |
| Address | Fax |
| | Checking Account Number |

| Personal Guarantee |
|---|
| <p>I understand that the information stated above will be used to determine my business's credit for the purpose of establishing an open credit account. I hereby empower MARCO Meetings Inc. to investigate the information rendered and to contact the references listed.</p> <p>MARCO's terms of sale are net of invoice at 10 days. In the event of default, I (customer) agree to pay MARCO Meetings Inc. the amount past due plus collection costs and/or attorney fees.</p> <p>I have read the above terms and understand that by submitting this application, I am agreeing to abide by them. I understand that it may take 7-10 business days to review this credit application. I have the authority to sign this Credit Application for an open account on behalf of my business.</p> <p>Authorized Signature _____ Title _____ Date _____</p> |

Return to: MARCO ▪ 2640 Commerce Drive ▪ Harrisburg, PA 17110
 Ph: 717-545-1060 Fax 717-545-5672