

## Credit Information - ZMZ Manufacturing

COMPANY INFORMATION					
Name of Company:		Tel. No.:			
Address:		Fax No.:			
City:		State:	Zip:		
Please check one:   Proprietorship	☐ Partner	ship 🗆 C	orporation	☐ Other:	
Name and Home Address of Proprie	torship or Par	tners (please prin	t)		
Name and Title:					
Address:					
City:		State:	Zip:	Zip:	
Social Security Number:		Drivers License Number:			
Name and Title:		1			
Address:					
City:		State:	Zip:	Zip:	
If Corporation, Officer's Names		-	-		
President: Buyer:			Payables:	Payables:	
Date Business Established:		How long at present address:			
Number of Employees:		Resale Number:			
TRADE REFERENCES					
Name: Tel. No:		Fax No:			
Name:	Tel. No:		Fax No:		
Name:	Tel. No:		Fax No:	Fax No:	
Name:	Tel. No:		Fax No:		
			'		
BANK REFERENCES					
Name:		Tel. No:			
Address:					
City:		State:	Zip:		
Account Type:   Checking   Savings		Account No:			
This credit application and agreement is submitted by Cust all amounts due according to <b>ZMZ Mfg.</b> invoice on or befor monthly at 2%. If Customer should default in any payment(Additionally, Customer will be responsible for all collection to pay a returned cheque charge of \$25.00 for each cheque understands that the net 30 days terms may be revoked by paid in full. The undersigned certifies that all of the informa to adhere to credit/service policies established by <b>ZMZ Mfg</b>	e net due date. Custo s), ZMZ Mfg. has rese costs and attorney fee e returned by our bank ZMZ Mfg. for overdution contained herein J.	mer also agrees to pay interved the right to declare a s, whether suit is filed or r to for whatever reason. The ie invoices or dishonored is true and correct to the b	erest on all amounts t ill invoice amounts due not, in order to collect e term periodis 30 days cheques and orders m	hat are past due. Interest will be charged e and payable without notice to Customer any delinquent amount. Customer agrees s from invoiced data. Customer ay be held until all amounts past due is n, knowlege and belief. Customer agrees	
Authorized Signature: Title				Date:	
Print Name	Titla	٥.		Date.	