

# MERTIK MAXITROL®

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

PLEASE COMPLETE AND RETURN TO:

Mertik Maxitrol GmbH & Co. KG  
Attn: Credit Manager  
Warnstedter Str. 3  
06502 Thale, GERMANY

Tel.: +49-3947-400-0  
Fax: +49-3947-400-100  
www.mertikmaxitrol.com

### BUSINESS CONTACT INFORMATION

Company name:

Corporate ID:

DUNS#:

Phone:

Fax:

E-mail:

Registered company address:

City:

Country:

Postal Code:

Have you done business with Mertik Maxitrol in the past:

If so, when:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

Country:

Postal Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

Country:

Postal Code:

IBAN:

BIC (S.W.I.F.T.):

### BUSINESS/TRADE REFERENCES

Company name:

Contact name:

Address:

City:

Country:

Postal Code:

Phone:

Fax:

E-mail:

Products purchased:

Credit limit:

Company name:

Contact name:

Address:

City:

Country:

Postal Code:

Phone:

Fax:

E-mail:

Products purchased:

Credit limit:

Company name:

Contact name:

Address:

City:

Country:

Postal Code:

Phone:

Fax:

E-mail:

Products purchased:

Credit limit:

### AGREEMENT

1. By submitting this application, you authorize Mertik Maxitrol GmbH & Co. KG to make inquiries into the banking and business/trade references that you have supplied.
2. You agree to follow Mertik Maxitrol GmbH & Co. KG's terms and conditions of sales.

### SIGNATURE

Signature:  
(Corporate Officer)  
Title:  
Date: