



CREDIT APPLICATION FORM

Corporate Name _____

Address _____

Contact Name/Title _____

Phone Number _____

Email _____

Fax Number _____

Organization (please indicate with an X)

Corporation

Trust

Non-Profit If Non-Profit, please provide a copy of tax -exemption certificate

Other Explanation _____

Bank Information

Name: _____

Account Number _____

Bank Contact _____

Address _____

Phone Number _____

Major Supplier References: (at least two required)

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Dates of Stay _____ Dates of Stay _____

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Dates of Stay _____ Dates of Stay _____

Agreement to Terms and Release Information

To Whom it may concern:

By signing below, I give authority to release any information concerning the credit standing of _____ to MITAGS or MCC. Payment is due and payable upon receipt of the final invoice. If payment is not received within 30 days of the invoice date, a 2% per month late charge will be applied to the outstanding balance. Should it be necessary to collect this account through an attorney, by legal proceeding, or otherwise, the applicant agrees to pay all costs of collection, including reasonable attorney's fees and court costs.

Signature

Title

Date