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TOOLROOM SUPPLIES & EQUIPMENT

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CREDIT APPLICATION

Address	City & State	Zip
Phone #		Email
	City &	State
	Year Incorpora	
At present location since (date)) DUNS #	And the second s
Type of Ownership: Corpora	tion Partnership	Sole Proprietor
If Corporation, Federal ID#_	(or) Social Sec	urity #
Owner's Name(s)		
	Vice-President	
Purchasing Agent	Accounts Paya	ble
Will the material(s) purchased	be resold? (Y/N) Resale	certificate #
REFERENCES:	buy from on a regular basis	
REFERENCES: Give only names of those you	buy from on a regular basis Name	
REFERENCES: Give only names of those you Name	buy from on a regular basis Name Addres	
REFERENCES: Give only names of those you NameAddress	buy from on a regular basis Name Addres City	s
REFERENCES: Give only names of those you NameAddressCity	buy from on a regular basis Name Addres City de State	s
REFERENCES: Give only names of those you Name Address City State Zip Cod	buy from on a regular basis Name Addres City de State Fax # Phone	s Zip Code
REFERENCES: Give only names of those you Name Address City State Zip Cod Phone #	buy from on a regular basis Name Addres City de State _ Phone : Name of	s Zip Code # Fax #
REFERENCES: Give only names of those you Name Address City State Zip Cod Phone # Name of Bank Address	buy from on a regular basis Name Addres City Brax # Phone Name Addres Addres	s Zip Code # Fax # of Bank
REFERENCES: Give only names of those you Name Address City State Zip Cod Phone # Name of Bank	buy from on a regular basis Name Addres City _ le State _ Fax # Name of Addres Addres City City	s Zip Code # Fax # of Bank
REFERENCES: Give only names of those you Name Address City State Zip Cod Phone # Name of Bank Address City	buy from on a regular basis Name Addres City _ le State _ Fax # Name of Addres Addres City City	s Zip Code # Fax # of Bank