



**MARKS
METAL
TECHNOLOGY**

Credit Application

Page 1 of 2

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info@marksmetal.com

Please PRINT or TYPE the requested information

Credit Terms: Payments due in 30 days

COMPANY BACKGROUND

Company: _____ Phone: () _____ Fax: () _____

Street Address: _____
(Street Address) (City) (State) (Zip)

Mailing Address: _____
(Mailing Address) (City) (State) (Zip)

Type of Business: Proprietorship Partnership Corporation State of Incorporation: _____

Fed. Tax ID#: _____ SS# _____ Contractor's #: _____

Facilities: Owned Rented Years at present location: _____ Annual Sales: _____

Nature of Business: _____ Date you started or assumed control: _____

OFFICERS & PRINCIPALS

Name: _____ Position: _____ Phone: () _____

Home Address: _____
(Street Address) (City) (State) (Zip)

Name: _____ Position: _____ Phone: () _____

Home Address: _____
(Street Address) (City) (State) (Zip)

Name: _____ Position: _____ Phone: () _____

Home Address: _____
(Street Address) (City) (State) (Zip)

CREDIT REFERENCES

Fax Numbers Required

Bank: _____ Acct#: _____ Contact: _____

Branch: _____ Phone: () _____ Fax: () _____

Trade:

Name: _____ Phone: () _____ Fax: () _____

Name: _____ Phone: () _____ Fax: () _____

Name: _____ Phone: () _____ Fax: () _____

Name: _____ Phone: () _____ Fax: () _____

Name: _____ Phone: () _____ Fax: () _____

Please sign on page 2