

**CREDIT APPLICATION**

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Ownership:  Individual  Partnership  Corporation Email: \_\_\_\_\_

Tax Status:  Taxable  Non-Taxable  Both \*If non-taxable, please return exempt certificate State: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Credit Limit Requested:  \$1,000  \$5,000  \$10,000  \$50,000  more than \$50,000

Purchasing Contact: \_\_\_\_\_ Accounting Contact: \_\_\_\_\_

**Reference Information**

Bank Reference: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Business Checking Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Officer to Contact: \_\_\_\_\_

Provide as many references as possible. **Credit References**

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Contact \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PERSONAL GUARANTEE FORM**

Name of Business:

In consideration of the extension of credit to the above-named business entity, the undersigned principals, jointly and severally, and personally, guarantee payment of all charges, billings and interest costs imposed hereafter in any open account extended to the above-named business entity. In the event that such charges, billings and interest costs are not promptly paid, the undersigned hereby guarantees as primary guarantor (s) the payment of: 1. any balance due on the aforesaid open account; 2. interest at the rate of 18% per annum upon the unpaid balance; 3. reasonable attorneys fees in the event legal action is undertaken for the collection of any sums due on such account.

**To be signed by principals of corporation or business entity seeking credit:**

Signature: \_\_\_\_\_

Name:

Home Address:

Business Address:

Tele #:

Signature: \_\_\_\_\_

Name:

Home Address:

Business Address:

Tele #:

Signature: \_\_\_\_\_

Name:

Home Address:

Business Address:

Tele #:

Signature: \_\_\_\_\_

Name:

Home Address:

Business Address:

Tele #:

MERCO INC. DBA MERCO MARINE  
60 MERCO ROAD  
WELLSBURG, WV 26070  
800-396-3726  
304-737-3008 (Fax)

**LETTER REQUESTING AUTHORIZATION TO RELEASE CREDIT INFORMATION**

Thank you for your recent interest in establishing credit with our company. Please sign the authorization to release credit information below and complete the enclosed form. Then submit it to us with your most recent financial statements. We will contact your credit bank references, and then contact you regarding credit with our company.

Thank you,

Merco Marine Credit Manager

The undersigned has recently applied for credit with **Merco Marine**. The undersigned has been requested to provide information concerning my credit history. Therefore, I authorize the investigation of my credit information.

The release by you of information is authorized whether such information is of record or not. I do hereby release you and all person, agencies, agents, employees, firms, companies affiliated with you from any damages resulting from providing such information.

This information is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your cooperation.

Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Title: \_\_\_\_\_