

MICON INDUSTRIES CREDIT APPLICATION fax to (250) 378-6336

Phone #:	Company	Name:			
Type of Business: Corporation Partnership Proprietorship Other Date Established: Credit Amount Requested: Owner(s): Contact Name (Accounts Payable) Bank: Account # Bank Phone# Account MGR CREDIT REFERNCES COMPANY NAME	Phone #: Fax #:				
Date Established: Credit Amount Requested:	Bill To A	ddress:	Ship To Address	::	
Bank Phone# Account MGR	Date Esta	ablished:	Credit Amount Requested:		
CREDIT REFERNCES COMPANY NAME PHONE # FAX # Credit Terms / Conditions: 1. It is hereby agreed that any invoices will be payable within thirty (30) days from billing date out in conjunction with this application. 3. Delinquent accounts are subject to cancellation without notice with subsequent third party action. 4. It is hereby understood and agreed to that should these terms / conditions be altered in any way, this application will be declined. 5. It is understood that the Credit References provided above may be used to determine the credit worthiness of customer. Signature & Title of Signing Officer Name (Print Clearly) Office Use Only Approved By:					
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