



**MAT Engine Technologies, LLC**  
6700 Wildlife Way  
Long Grove, ILLINOIS 60047  
TEL: (847) 821-9630  
FAX: (847) 478-9712

## CREDIT APPLICATION

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Organization:

Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Year of Incorporation: \_\_\_\_\_ State: \_\_\_\_\_

Officers:

President: \_\_\_\_\_ Vice-President: \_\_\_\_\_

Trade References:

1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank References:

Bank Name and Address: \_\_\_\_\_

Checking Account # \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

⇒ Copy of Resale Certificate attached. (Required item)

⇒ Credit Limit Requested: \_\_\_\_\_

⇒ Is Cash in Advance acceptable until credit is approved? \_\_\_\_\_

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

I am an authorized representative of the company and have the authority to execute this document.

**TEL (847)-821-9630 • 6700 Wildlife Way • Long Grove, Illinois 60047 • Fax (847)-478-9712**

*\*\*\*Please fax form to 847-478-9712 Attn: Nancy Eldredge with a copy of Resale Certificate or Tax Certificate.*