

Mark's
TOWING INC.

3670 KENNEBEC DR.
EAGAN, MN 55122
(651) 454-1533

CREDIT ACCOUNT APPLICATION

Date: _____

Company Name _____ Phone # _____ Fax # _____

Address _____ City _____ State _____ Zip _____

Business Type: Sole Proprietorship Partnership Corporation in State of _____

Number of Years in Business: _____ D and B Number _____

Name and Address of Individual or Partners --- Name/Title/Phone Number of Corporate Officers:

Name of Persons to Contact Regarding Purchase Orders and Invoice Payments (Title/Address/Phone Number):

Bank Reference (Bank Account Number/Contact/Title/Phone Number):

Trade References (Company Name/Address/Contact & Title/Phone Number):

- 1) _____
- 2) _____
- 3) _____

THE ABOVE INFORMATION IS HEREWITH SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE

Name (Print): _____ Signature _____

Title: _____ Date _____

NOTES ON ACCOUNT APPLICATION: APPROVED DISAPPROVED---REASON
