

MAIZE CORPORATION

P.O. BOX 476 MAIZE, KS 67101
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E-MAIL parts@maizecorporation.com

CREDIT APPLICATION

NAME: _____

(Individual who is responsible for the account - All accounts with show the above as in care of C/O)

TRADE OR CORPORATE NAME: _____

MAILING ADDRESS: _____

Street City State Zip

SHIPPING ADDRESS: _____

Street City State Zip

BUSINESS NO _____ RES _____ FAX _____ CELLULAR _____

ARE YOU A: CORPORATION PARTNERSHIP INDIVIDUAL OTHER

DO YOU REQUIRE PURCHASE ORDERS YES NO AGE OF BUSINESS _____

WHAT EQUIPMENT DO YOU OWN: _____

CREDIT REFERENCES:

BUSINESS: _____

Name Town Phone No. Contact

BUSINESS: _____

Name Town Phone No. Contact

BUSINESS: _____

Name Town Phone No. Contact

REMARKS: _____

BANKRUPTCY STATEMENT: HAVE YOU HAD OR HAVE BEEN NAMED AS PART OF ANY OF THE FOLLOWING IN THE LAST (7) YEARS? YES NO

TAX LIENS JUDGEMENTS BANKRUPTCY

IF YES, PLEASE PROVIDE DETAILS: _____

I, _____ HEREBY STATE THAT THE ABOVE TO BE TRUE AND HEREBY GRANT PERMISSION TO REPRESENTATIVES OF MAIZE CORPORATION TO CONTACT AND ASK FOR PAST CREDIT HISTORY.

CUSTOMER SIGNATURE

DATE