## **Credit Application**

SIGNATURE [ALSO PRINT NAME]

SIGNATURE [ALSO PRINT NAME]

## **Application for Commercial Credit**

MULLER CONSTRUCTION SUPPLY

Print out this form and supply all required information. Please make sure to **sign at the bottom** before faxing it back to our San Jose office at **1.408.279.3218**.

FIRM NAME	
FIRM NAME	
PHONE [AREA CODE AND NUMBER]	FAX [AREA CODE AND NUMBER]
NAME OF LEGAL OWNER	
ADDRESS	BILLING ADDRESS [IF DIFFERENT]
CITY/STATE/ZIP	CITY/STATE/ZIP
SSN OR FEDERAL TAX ID NO.	RESALE NO.
CONTRACTOR'S LICENSE NO.	RESALE NO.
Please check the appropriate box:	Proprietorship   Partnership   Corporation
Purchase Order required? ☐ Yes	□ No
Bank Reference	
NAME OF BANK	CONTACT NAME
PHONE	ADDRESS
	CITY/STATE/ZIP
COMMERCIAL ACCT. NO.	SAVINGS ACCT. NO.
Trade References	
1. CONTACT NAME	PHONE AND FAX NOs.
COMPANY NAME AND ADDRESS	
2. CONTACT NAME	PHONE AND FAX NOs.
COMPANY NAME AND ADDRESS	
3. CONTACT NAME	PHONE AND FAX NOs.
COMPANY NAME AND ADDRESS	
	ays, otherwise net 30. A service charge of 1-1/2% per month is asserted for collection, court costs and attorney fees will be assessed.
Signature	
Please provide the signature, address, and phone nu	umber of corporate officers, partners, or the individual owner.
SIGNATURE [ALSO PRINT NAME]	ADDRESS PHONE

Muller Construction Supply 1230 Yard Ct., San Jose, CA 95133 Phone: 408.279.7050

**ADDRESS** 

**ADDRESS** 

PHONE

PHONE

**FAX THIS FORM TO: 1.408.279.3218**