This is an application for Credit. Credit is subject to approval. There is no guarantee of Credit. Credit applications can take 2 - 10 days to process pending feedback from references. Until credit is approved all order are prepaid via Check

APPLICATION FOR CREDIT MGN Logistics, Inc 712 Ferry Street Easton, PA 18042

MGN USE ONLY

CREDIT LIMIT:	
APPROVED BY:	

Customer Name:						
DBA (if applicable)						
Physical Street Address:						
City/State/Zip:						
Mailing/Billing Address if Different than above:						
Telephone #:	elephone #: Fax #:					
Taxpayer Identification #:	D&B#					
Bank Name:						
Bank Address:						
Name of Contact at Bank:	Bank Contact T#					
Bank Contact Email:						
Checking Account#:			_			
TRADE REFERENCES						
VENDOR NAME	CITY STATE	PHONE#	FAX#	EMAIL		
person, to investigate reference credit and financial responsible determine the amount and control release information to MGN invoice date. I understand the be responsible for and pay a	ces herein listed or staten bility. I hereby certify that to conditions of the commerc I Logistics, Inc. I agree to the tayments not received	ments or other data obt the information provide cial credit to be extend to pay all authorized ch in the specified time po- ciated with collecting p	ained from me or from ad herein is correct and ed. I hereby authorize i arges within the design eriod will be subject to ast due amounts includ	estigative agency employed by such any other person pertaining to my I understand that it will be used to bank and business references to nated terms of 15 days from the collections. I understand that I will ding collection and attorney fees, n County, PA		
Maximum Credit You Are Red	questing: \$					
Authorized By:						
Print Name						
Signature			Date			

Should you have any questions, please call Laura Hahn at 508.734.9173

Return by fax to 508.668.2392 or by email to l.hahn@mgnlogistics.com

We encourage payment via ACH, please contact me for our ACH information.