

MAXWELL PRODUCTS CORP.

425 Industrial Drive, P. O. Box 1573
North Wales PA, 19454-0573
215-699-2224 Fax: 215-699-2226

APPLICATION FOR CREDIT

Company Name: _____

Billing Address

Shipping Address

Street: _____

City, St, Zip: _____

Phone: _____

Fax: _____

Business is: Sole Porprietor Partnership S Corp C Corp

If NOT C Corp., Name, home address and phone of principal owner(s)

Business type: Manufacturer
 Wholesale
 Other _____

Retailer
 Private Individual

Primary application:

Metalworking
 Woodworking
 Composites

Resale _____
 Other _____

Number of Employees _____

PA Sales Tax Status Taxable Exempt (attach exemption certificate)

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References:

Bank Name: _____ Phone: _____
Address: _____

 _____ Fax: _____
Contact: _____

Checking Account # _____

Please list three trade references:

Company: _____ Phone: _____
Address: _____

 _____ Fax: _____
Contact: _____

Company: _____ Phone: _____
Address: _____

 _____ Fax: _____
Contact: _____

Company: _____ Phone: _____
Address: _____

 _____ Fax: _____
Contact: _____