



**APPLICATION FOR CREDIT**

BUSINESS NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
DATE ESTABLISHED: _____
TYPE OF BUSINESS: _____
TAX ID NO. _____

<b>BANK REFERENCE</b>	
BANK NAME: _____	
ADDRESS: _____	
PHONE: _____	ACCOUNT NO: _____

<b>TRADE REFERENCES</b>	
NAME: _____	
ADDRESS: _____	
PHONE: _____	FAX: _____
NAME: _____	
ADDRESS: _____	
PHONE: _____	FAX: _____
NAME: _____	
ADDRESS: _____	
PHONE: _____	FAX: _____

Please return credit application via fax to: (586) 979-9484.

Applicant will be notified upon approval of application. For your convenience, we also accept Mastercard, VISA, and American Express.

Thank you,

Myron Zucker, Inc.

**[www.myronzucker.com](http://www.myronzucker.com)**

36825 Metro Court · Sterling Heights, MI 48312 | (800) 245-0583 | (586) 979-9955 | Fax (586) 979-9484

**POWER ♦ QUALITY**