



Magnuson Group
Application For Credit

Firm Name _____
Address _____

City _____
State _____ Zip _____
Phone _____ Fax _____
Description of Business _____

Trade References

1. Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account # _____ Contact Name _____
2. Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account # _____ Contact Name _____
3. Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account # _____ Contact Name _____

Bank Information

Bank Name _____ Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Account # _____ Contact Name _____

Our terms are Net 30 Days. The information above is true and accurate.

Name _____ Title _____ Date _____

Please fax to 1-888-329-4729. Thank you!