



**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 \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Contact Name \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Contact Name \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
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!*