



MDMaxx LLC 1762 Benson Ave. Brooklyn, NY 11214  
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# Legal Credit Application

Company Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

Years in Business \_\_\_\_\_ Years at Present Address \_\_\_\_\_ Federal ID \_\_\_\_\_ Dun & Bradstreet \_\_\_\_\_ Annual Sales \_\_\_\_\_ Desired Credit Limit \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of MDMaxx LLC.

Exact name of the applicant (Trade or other name used) \_\_\_\_\_ State of incorporation or Registration of partner \_\_\_\_\_

Do we have permission to Fax/email promotion or updates etc. about our company and Products?  Yes  No

How would you prefer for us to send your invoices: (please circle one) Mail Fax \_\_\_\_\_ Email \_\_\_\_\_

### Individual if Proprietorship

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

### Partners if Partnership

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

### Principals if Corporation

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_ Home phone \_\_\_\_\_

### Bank Reference

1)	Bank name	Address, City, State, Zip			
Acct. Opening Date	Bank Officer	Telephone	Fax	Account Number	

2)	Bank name	Address, City, State, Zip			
Acct. Opening Date	Bank Officer	Telephone	Fax	Account Number	

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize MDMaxx LLC. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references listed above and business references listed on next page.

Officer Signature \_\_\_\_\_ Print Office Name \_\_\_\_\_ Officer Title \_\_\_\_\_ Date \_\_\_\_\_

