

Maine Motor Transport Association
P.O. Box 857 - 142 Whitten Road
Augusta, ME 04332-0857
Fax: (207)623-4096

APPLICATION FOR CREDIT



Company Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____ E-mail: _____

Tax ID Number: _____

Primary Officers:

Name: _____ Title: _____ Ext: _____

Name: _____ Title: _____ Ext: _____

Name: _____ Title: _____ Ext: _____

Corporation _____ Partnership _____ Sole Proprietorship _____

Type of Business: _____ Years in Business: _____

Bank References:

**Any fees charged by bank to satisfy reference will be paid by applicant.*

*Primary Bank**

Bank Name: _____ Contact: _____

Account #: _____ Type of Account: _____

Phone #: _____ Fax #: _____

Estimated/average daily balance: _____

Any known problems with account: _____

Any previous insufficient funds: _____

Trade References:

1) Company Name: _____ Contact: _____

Address: _____

Phone #: _____ Fax #: _____

2) Company Name: _____ Contact: _____

Address: _____

Phone #: _____ Fax #: _____

3) Company Name: _____ Contact: _____

Address: _____

Phone #: _____ Fax #: _____

By signing below, I authorize MMTA and/or MMTA Services, Inc. to obtain credit and account information on the company listed above for the sole purpose of making a fair determination of our credit worthiness in attempt of opening an account. All companies listed are authorized to release credit and account information to MMTA and/or MMTA Services, Inc. for this purpose. I further authorize inquiries to all credit agencies.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____