

Credit Application

3457 S. 84 Street Omaha, NE 68124 P: 402-391-6225 F: 402-391-4659

accounting@mangelsens.com

Please complete the following in full. It will be held in strict confidence.

Name of Firm or Individual Billing Address City, State, Zip		Office Contact Person Telephone	
		Businessc	orporation
Number of Years in Business		Brief Description of Business	S
Number of Years at Current Address		List previous address	
Are you exempt from sales tax?		State Tax Exempt # (attach copy of certificate, form	13)
Do you require a PO Number?			
Ownership			
Name of Principal (s)		Address	Telephone
Name of Principal (s)		Address	Telephone
Finance			
Bank		Address	Telephone
Contact Person		Email	Account #
Credit References			
Business Name		Address	Telephone
Business Name		Address	Telephone
Application Complet	ed By		at all the information on this form is correct. It to Mangelsen's terms, including any finance charges incurred.
Name (please print)		Title	Date
	S	ignature 	
References checked by		Credit Approved/Declined	By Date 02/2014
Therefores differed by		Sicult Approved/ Declined	Date 02/2014