



CREDIT APPLICATION

Please fax or email completed form to:
 Fax: (800) 589-1528
 Email: info@heatermeals.com

Luxfer Magtech Inc. dba HeaterMeals
 2940 Highland Ave., Unit 210
 Cincinnati, OH 45212
 Phone: (800) 503-4483

BUSINESS CONTACT INFORMATION

Contact and Title:

Company name/DBA:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP Code:

Date business commenced:

Tax identification number:

Sole proprietorship:

Partnership:

Corporation:

Non Profit:

BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. By submitting this application, you authorize HeaterMeals, Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title: _____
 Date: _____

Title: _____
 Date: _____