



PO BOX 16743
 Jacksonville, FL 32245
 www.malinecom.com

Credit Application

Telephone 904-724-2600
 Fax 904-724-5434

Customer Information:		<input type="checkbox"/> New Customer	<input type="checkbox"/> Customer Up	Date ____/____/____	
Bill To: Name _____ Address _____ City _____ St _____ Zip Code _____ Phone # _____ Fax # _____ Contact: _____ Ext: _____ Email : _____ Web Site: _____		Ship To: Name _____ Address _____ City _____ St _____ Zip Code _____ Phone # _____ Fax # _____ Contact: _____ Ext: _____ Email : _____ Web Site: _____			
CONTACT PERSON Federal Tax Exemption <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Certificate)					
Contact Name _____ Phone # _____ Ext. # _____ D.L. # _____ (Check Signer) Address _____ City _____ State _____ Zip _____ E-Mail Address _____ <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation: Date Incorporated ____/____/____, State _____ Federal Tax I.D. # _____ Business Nature _____ Year Established _____ DB# _____ No. of Employees _____					
AUTHORIZATION FOR CREDIT CARD USE ONLY () VISA () MasterCard					
I, _____, hereby authorize Mainline Communications Inc. to charge my credit card account not to exceed: \$ _____ Credit Card Number: _____ Expiration Date: ____/____/____ VID Code: _____ Credit Card Billing Address: Street: _____ City: _____ State: _____ Zip Code: _____ Telephone: (____) _____ - _____					
As the credit card holder, I also authorize Mainline Communications Inc. to charge my credit card for future purchases verbally approved by me. Authorization Valid Until: ____/____/____ Initials Here: _____ Your completion of this authorization credit card use form helps us to protect you, our valued customers, from credit card fraud. Mainline Communications Inc. will keep all information entered on this form strictly confidential					
PERSONAL DATA on Major Stockholders, Partners or Proprietor					
PERSONAL INFORMATION IS REQUIRED FOR ALL CORPORATIONS IN BUSINESS LESS THAN TWO YEARS, HAVING FEWER THAN 10 EMPLOYEES AND ALL PARTNERSHIPS OR PROPRIETORSHIPS.					
	Name	Title	Home Address	Social Security #	
1.					
2.					
BANK REFERENCES (Two-Year History)					
	Name	City/State	Phone #	Contact	Account #
1.					
2.					
LEASE/LOAN REFERENCES					
	Name	City/State	Phone #	Contact	Account #
1.					
2.					
EQUIPMENT: See Schedule: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D					
A	B	C	D		
LEASE TERMS					
Term of Lease (In Months)	_____	Equipment Cost	\$ _____		
Rate Factor	_____	Installation	_____		
Payment Amount	\$ _____	Other	_____		
Lease Plan	_____	Taxes	_____		
Security Deposit	\$ _____	Total Cost	\$ _____		
AUTHORIZATION					
I hereby authorize Mainline Communication, Inc. or any credit bureau or other investigative agency employed by Mainline Communications Inc. to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my business and /or personal credit and financial responsibility.					
Signature/ Title _____ Date _____					

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL GIVEN AT TIME OF APPLICATION

If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Mainline Communication, Inc, PO BOX 16743, Jacksonville, FL 32245 (904-724-2600) within 60 days from the date you are notified of our decision. We will send you a statement of reasons for the denial within 30 days of receiving your request for the statement.