

# Net 30 Terms Application

Complete this form and return to us **MAIL:** MyTana Mfg., 746 Selby Ave St. Paul, MN 55104 –or– **FAX:** 651.222.1739



## Company Information

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

Business Address \_\_\_\_\_ Fax \_\_\_\_\_

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

Name of Owner \_\_\_\_\_ SS# (**\*Required**) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (if different) \_\_\_\_\_ Years in business? \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

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## References

Bank Reference	Name of Bank _____	Acct # _____
	Address _____	Phone _____
	City, State/Zip _____	Contact _____

Trade References	1. Reference Company _____	Phone _____
	Address _____	Contact _____
	City, State, Zip _____	_____
	2. Reference Company _____	Phone _____
	Address _____	Contact _____
	City, State, Zip _____	_____
	3. Reference Company _____	Phone _____
	Address _____	Contact _____
	City, State, Zip _____	_____

## Authorization

I hereby certify that the information contained herein is true and accurate to the best of my knowledge. I hereby authorize the release of credit information from references listed above, and understand MyTana will run a report on my credit history.

**\*Applicant's signature is required.**

\*Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_