

Credit Application

New Account _____ Existing Account Update _____

Company Name _____
Address _____

Billing Address: (if different than above)

Subsidiary of: _____
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D & B Listed? Yes or No

If yes: Name of Company _____
City of Home Office _____

List three (3) existing creditors (to include name, address, and telephone number of each)

(1) _____ Phone () ____ - _____

(2) _____ Phone () ____ - _____

(3) _____ Phone () ____ - _____

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Submit to:
Mednik Wiping Materials Company
Attn: Credit Department
6740 Romiss Court
St. Louis, MO 63134
Phone: (800) 325-7193 Fax: (314) 524-2230

