

INFORMATION GIVEN BELOW WILL BE HELD CONFIDENTIAL AND EXCLUSIVELY FOR USE BY MALCO.

Complete this form only if applying for credit terms.

Please list three references from your current distributors (US companies if possible)

1. Name: _____ City/State/Country: _____
 Telephone: _____ Fax: _____
 Terms of Billing _____

2. Name: _____ City/State/Country: _____
 Telephone: _____ Fax: _____
 Terms of Billing _____

3. Name: _____ City/State/Country: _____
 Telephone: _____ Fax: _____
 Terms of Billing _____

Company Does Banking At:

Name of institution: _____
 Street Address: _____
 City/Country: _____
 Postal Code: _____
 Telephone: _____ Fax: _____
 IBAN#: _____ Contact person: _____

Bank affiliations in the United States (if any):

Name of institution: _____
 Street Address: _____
 City/State/Zip Code: _____
 Telephone: _____ Fax: _____
 Account Number: _____ Contact person: _____

FOR OFFICE USE ONLY	
Date Received:	_____
Market Segment:	_____
Credit Limit:	_____
Terms:	_____
Rep Name and No.:	_____
Acct Number:	_____
Comments:	_____
By:	_____

When finished, please click submit to send.
 If a dialog box comes up after clicking submit,
 just say o.k. to launch your email program.

Malco Products Inc.

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