

CONFIDENTIAL NEW ACCOUNT FORM - CREDIT APPLICATION

Return to Accounts Receivable Fax 973-777-0869 or email to accounting@mfsupply.com

Company Name:			
Billing Address:			
City:	State:	Zip:	Country:
Billing Contact Name:			
Email: _____			
Phone: _____		Fax: _____	
We would like to receive invoices by:			
Email _____		Fax _____	Mail _____
Shipping Address (if different):			
City:	State:	Zip:	Country:
Purchasing Contact Name:			
Email: _____			
Phone: _____		Fax: _____	
We would like to receive literature and product updates by:			
Email _____		Fax _____	Mail _____
Ship/Deliver via:			
UPS account number: _____ FedEx account number: _____			
Other _____			
Annual fastener/electronic hardware spend is \$2500 a year or more: <input type="checkbox"/> yes <input type="checkbox"/> no			
Purchasing frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other _____			

TERMS ONLY CONSIDERED FOR COMPANIES SPENDING \$2500+ ANNUALLY

Terms requested: **REQUIRED**			
\$ Amount Requested: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> Other _____			
Standard Net 30 Days ***If requesting Net terms please complete page 2***			
Other _____			
Payment Type:	Credit Card: Please ***complete page 3***	Check	EFT

Type of business:	Date Established:	
Type of Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
Sales Tax:		
<input type="checkbox"/> Exempt (Please provide a copy of sales tax exemption certificate)		
<input type="checkbox"/> Not Exempt		
Completed by:	Title:	Date:

If requesting Net terms for companies spending \$2500+ annually, please complete below:

Bank Name:		
Account Number:		
Address:		
City:	State:	Zip:
Contact Name:	Phone:	Fax:
Email:		

Trade References

Name of trade references	Address	Phone /Fax	Email **REQUIRED**

The above information is provided for the purpose of extending credit to our company on your terms of NET 30 days. To the best of our knowledge & belief, the information is accurate and may be relied upon in making your credit decision. **We authorize our bank and suppliers to furnish you with any information necessary to complete your evaluation of our credit history.**

Completed by (printed):	Title:	Date:
Signature:		

1. No additional credit will be extended to past-due accounts unless satisfactory arrangements are made with our credit department.
2. A 5% late payment fee will be added to invoices after 60 days from the invoice date.
3. Credit card may be required for customers exceeding terms.

CREDIT CARD AUTHORIZATION FORM

COMPANY: _____

NAME ON CREDIT CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING CONTACT NAME: _____

BILLING ADDRESS: _____

BILLING ZIP CODE: _____

BILLING PHONE NUMBER: _____

I AUTHORIZE MF SUPPLY TO CHARGE THE ABOVE CREDIT CARD TO PAY FOR SELECT PURCHASES BY MY COMPANY.

SIGNATURE

Can MF Supply use this card information for future approved orders?

Yes

No