

Customer Information Form - Four State Maintenance Supply, Inc.

P: 1-800-497-5707 F: 1-620-251-0391

BUSINESS INFORMATION – BILLING ADDRESS

Company Name:

Street Address:

City:

State:

ZIP Code:

Phone:

Fax:

Years in Business:

Type of Business (circle one): Proprietorship Partnership Corporation Other _____

Affiliated or Previous Name(s) of Company:

Owner(s) and Social Security Numbers:

BUSINESS INFORMATION – SHIPPING ADDRESS

Company Name:

Street Address:

City:

State:

ZIP Code:

CONTACT INFORMATION**A/P Contact:**

Phone:

E-mail:

Fax:

Purchaser:

Phone:

Email:

Fax:

Others placing orders:

PO Required?

If yes, blanket PO number?

STATEMENTS AND INVOICES

Statements sent by (circle one): Email Fax Contact Name:

-- Title:

Email/Fax:

Invoices sent by (circle one): Email Fax Contact Name:

-- Title:

Email/Fax:

Email invoice copy? Yes No

If so, contact name:

-- Title:

Email/Fax:

Shipping notice? Email Fax None

If so, contact name:

-- Title:

Email/Fax:

BANKING INFORMATION

Banking Institution Name:

Branch:

Contact:

Title:

Address:

City:

State:

ZIP Code:

Account #:

Phone:

Fax:

ADDITIONAL INFORMATION

Credit Limit Requested:

Anticipated Monthly Purchases:

Pre-Approval Payment: Cash Check Credit Card (Prepay) Credit Card (Keep on File)

D&B Rating:

Tax Exempt? Yes No

If yes, provide your Exempt Organization Sales Tax Cert Number (**also, attach a copy of your Resale Exemption Certificate**):

Buying for Resale? Yes No

Online Ordering? Yes No

If yes, contact name:

Desired Username:

Desired Password:

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TRADE REFERENCES (SUPPLIERS ONLY)

Vendor Name	Address	Phone and Fax
		P: F:
		P: F:
		P: F:

Please attach a copy of any reports, financial statements, or any other tools that can assist us in approving your request for credit on a timely basis.

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for purposes of obtaining credit and is warranted to be true. I hereby authorize Four State Maintenance Supply, Inc. to investigate the references listed to pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 1.5% per month) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. Four State Maintenance Supply, Inc. requires payment on all orders to be received within 30 days of the invoice date. If these terms are not in agreement with payment policy of your company, a written request for change of terms should be submitted with this application. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Authorization signature MUST be given in the space provided below for credit application to be processed.

Signature of Applicant	Title	Date

Thank you for your interest in our products and services. Your application will be processed promptly. We look forward to developing a great relationship with your company.