



SLS# 13

**APPLICATION FOR ACCOUNT**

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

Billing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years at this address: \_\_\_\_\_ Re-Sale Tax Certificate #: \_\_\_\_\_

President / Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Purchasing: \_\_\_\_\_ P.O # Required: Yes No

Accounts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trade References:** Name, Address, Zip Code, Phone & Fax numbers MUST be furnished or application will be rejected. Check box if you only desire a Credit Card account.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Account # \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Account # \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

ARE CREDIT CARD SALES OKAY UNTIL CREDIT IS APPROVED: YES NO

We agree to pay a service charge of 1½ % on any past due balances and any legal fees incurred for collections of money due to Merritt Supply. Accounts 45 days past due will be put on COD terms until all outstanding balances are paid. We certify that all information on this application is true and correct and that we fully understand your credit terms and agree to proper payment in consideration of extended credit.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Title: \_\_\_\_\_