



Company Name: _____ Date _____

Type of Business _____ Commencement Date _____

Mailing Address

City _____ State _____ Zip Code _____

Phone # _____ Fax # _____

Ship To Address:

City _____ State _____ Zip Code _____

Accounts Payable Contact: _____ Phone: _____

ACCOUNTS PAYABLE FAX # or EMAIL ADDRESS

Purchasing Agent _____ Phone # _____

EMAIL for order shipment confirmation

Sales Tax Number _____ (mail certificate along with application)

Partners or Corporate Officers

1. Name _____ Title _____ Phone # _____

2. Name _____ Title _____ Phone # _____

Bank References

Bank Name _____ Address _____
City _____ State _____ Zip Code _____

Contact Name _____ Phone # _____ Fax # _____

Trade References (Please include fax numbers)

1. Company _____ Phone # _____ Fax # _____

2. Company _____ Phone # _____ Fax # _____

3. Company _____ Phone # _____ Fax # _____

4. Company _____ Phone # _____ Fax # _____

Salesman that came to see you

My signature (written or typed) below certifies that the above information is true. This information is to be used only for the purpose of establishing/updating credit information. I further agree to adhere to payment terms as shown on invoice billings. If payment terms are not met, I understand I may be subject to pay any collection/legal fees incurred to collect any monies owed.

Signature: _____ **Title:** _____ **Date** _____

Fax application to: #631-243-3209 Attn. Gayla Brainerd

-- or --

Email Application to Sales@MercerTool.com