



Trade Credit Open Account Application

Please return by email to:credits@midwestindsupply.com

Order Pending:

☐ Yes ☐ No

ACCOUNT#

BILLING INFORMATION (Terms Net 30 days from date of invoice)

Company Name:
Legal Name if different:
Attn:
Title:
Street Address:
City, State, Zip:
Main Tel#:
Fax#:
E-mail address:
Are you listed with D&B? ☐ Yes ☐ No If yes, provide D&B/Duns#:
Federal ID#:

SHIPPING INFORMATION (if different from Billing)

Company:
Attn:
Title:
Address:
City, State, Zip:
Tel#:
Fax#:

BILLING OPTIONS

☐ Net 30 ☐ COD ☐ Credit Card

CORPORATE INFORMATION

President:
Vice President:
Controller/CEO:
A/P Manager:

State in which you incorporated:
County in which you incorporated:
of Employees:
Years established:

TRADE/CREDIT REFERENCES

Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone #:	Phone #:
Fax #:	Fax #:	Fax #:
Contact Name:	Contact Name:	Contact Name:
Account #:	Account #:	Account #:

PURCHASING INFORMATION

PO's Required? ☐ Yes ☐ No
Will purchase on account? ☐ Yes ☐ No **(If purchase is not subject to sales tax, please enclose copy of resale card/tax exempt certificate)**
Are you a government agency? ☐ Yes ☐ No
☐ City ☐ County ☐ State ☐ Federal ☐ Private Corporation ☐ Public Corporation ☐ Partnership ☐ School/Learning Institution
☐ Sole Proprietorship (If Sole Proprietorship - ss#)
Authorized Buyers

BANK REFERENCE

We authorize you, our bank reference, to release credit information regarding the following account(s) to **Midwest Supply Company**

BANK NAME:
BANKING OFFICER:
ADDRESS:
CITY, STATE, ZIP:
Checking Account#:
Loan Account#:
Phone#:
Fax#:

AUTHORIZATION AND AGREEMENT TO RELEASE CREDIT INFORMATION

In support of this application, Midwest Supply Company is authorized to obtain credit and/or financial information from banks, financial institutions, or commercial firms with which I/we have conducted business. All such information will be kept confidential and used solely to evaluate this application. Upon approval, all purchases shall be paid in full under Net 30 terms from the invoice date. Failure to comply with payment terms may result in the withdrawal of credit privileges. In the event collection action is required, I/we agree to pay all reasonable attorney fees, collection agency fees, and court costs incurred.

Signature of Authorized Officer:
Name (Please Print):
Title: Date: