

CREDIT APPLICATION**CREDIT APPLICATION**

P.O. Box 414410
 Kansas City, MO 64141



1.800.821.5725
 Fax: 1.800.877.5391
 sales@midlandmetal.com

CREDIT APPLICATION Your own form may be used - please complete any additional information requested on this application.

Company Name			Contact Name		
Bill to Address			Ship to Address		
City	State	Zip	City	State	Zip
Phone		Fax	E-mail		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship	SSN# _____ (Proprietorship Only)	
Date Founded / /		Resale Number (Required)		Federal ID #	
UPS Collect # (if desired)			Annual Sales \$		
Purchasing Contact Name			Accounts Payable Contact Name		
Phone		Fax	Phone		Fax
Email			Email		
Order Acknowledgements <input type="checkbox"/> Fax <input type="checkbox"/> E-mail			Invoices <input type="checkbox"/> Fax <input type="checkbox"/> E-mail		

Reference #1	Reference #2	Reference #3
Contact Name	Contact Name	Contact Name
Account #	Account #	Account #
Phone #	Phone #	Phone #

Bank Name	Contact Name	
Account #	Phone #	Fax #

Type of Business	We serve wholesale distributors only.				
<input type="checkbox"/> Plumbing/ HVAC Wholesaler	<input type="checkbox"/> PVF Distributor	<input type="checkbox"/> RV & Mobile Home	<input type="checkbox"/> Water Filtration		
<input type="checkbox"/> Water Well & Irrigation	<input type="checkbox"/> Refrigeration & Appliance	<input type="checkbox"/> LP Gas	<input type="checkbox"/> Oilfield Supply		
<input type="checkbox"/> Utility	<input type="checkbox"/> Swim Pool Supply	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> OEM		

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Who Referred You?

 Sales Rep
 Trade Publication
 Direct Mail
 Internet
 Fax
 Associate
 Other

Do you accept backorders? (Unless otherwise noted, backorders under \$10 are cancelled)	Yes	Keep All	No
Do you require purchase order numbers?	Yes		No
Do you have a full line catalog?	Yes		No
Are you interested in orders via the internet? If so, please note your password - up to 8 characters (can be numbers or letters - not case sensitive)	Yes	Password	No

In consideration for the extension of credit to above applicant by **Midland Metal Manufacturing Company**, applicant agrees to pay invoices within terms. Invoices not timely paid will be subject to service charges of 18 percent annum. Should an account be referred to third parties for collection, applicant agrees to pay all cost of collecting, including attorney's fees.

Applicant's Signature	Date
Print Name	Title

**** For Proprietorship Only ****

In consideration for the extension of credit to above applicant by **Midland Metal Manufacturing Company** the undersigned, jointly and severally, personally and unconditionally, guaranty performance in accordance with this credit application. This is a continuing guaranty, subject to cancellation only by registered mail directed to **Midland Metal Manufacturing Company**, P.O. Box 414410, Kansas City, MO 64141

Executed at _____, _____, _____, on date.
City State

Guarantor (Sign and Print Name)	Social Security #
Guarantor (Sign and Print Name)	Social Security #

Thank you for opening an account with Midland Metal.
We look forward to sharing a happy and prosperous future doing business together.



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