MF SUPPLY
THE RIGHT SCREW FOR YOU AND SAFETY TOO!

FASTENER & ELECTRONIC HARDWARE & SAFETY SPECIALISTS

CONFIDENTIAL COMMERCIAL CREDIT APPLICATION

Return to: Email: accounting@mfsupply.com Phone: 973-777-5411

COMPANY INFORMATION

Company Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____

Phone: _____ **Fax:** _____

Billing Contact Name: _____

Email: _____

Phone: _____ **Fax:** _____

Email Invoices to: _____

Email Literature & Product Updates To: _____

SHIPPING INFORMATION & PREFERENCES

Shipping Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Country: _____

Purchasing Contact Name: _____

Email: _____

Phone: _____

Ship/Deliver Via:

UPS Account Number: _____ **FedEx Account Number:** _____

Other: _____

COMPANY BACKGROUND

Type of Business: _____ **Date Established:** _____

Type of Entity: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Other: _____

Sales Tax Status:

☐ Exempt (Please provide a copy of sales tax exemption certificate)

☐ Taxable

TERMS REQUESTED

Net 30 terms are available for companies with annual purchases exceeding $2,500

Annual Fastener / Electronic Hardware Spend is $2,500 or more: ☐ Yes ☐ No

Purchasing Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Terms Requested: ☐ Standard Net 30 Days ☐ Other: _____

Amount Requested: ☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $20,000 ☐ Other: _____

Payment Type: ☐ Check ☐ EFT ☐ Credit Card (*Please complete Credit Card Authorization Form*)

BANK REFERENCE

Bank Name: _____ **Account Number:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Phone:** _____
Email: _____

TRADE REFERENCES

Company Name: _____
Address: _____
Contact Name: _____ **Phone Number:** _____
Contact Email: _____

Company Name: _____
Address: _____
Contact Name: _____ **Phone Number:** _____
Contact Email: _____

Company Name: _____
Address: _____
Contact Name: _____ **Phone Number:** _____
Contact Email: _____

TERMS & CONDITIONS

The above information is provided for the purpose of extending credit to our company on your terms of Net 30 days. To the best of our knowledge and belief, the information is accurate and may be relied upon in making your credit decision.

We authorize our bank and suppliers to furnish you with any information necessary to complete your evaluation of our credit history.

1. No additional credit will be extended to past-due accounts unless satisfactory arrangements are made with our credit department.
2. A finance charge of 5% may be applied to invoices exceeding 15 days past due from the invoice date.
3. Credit card may be required for customers exceeding terms.

The undersigned represents that she/he has reviewed and agreed to the terms and conditions above and that she/he has the authority to execute this credit agreement on behalf of the business identified.

Name of Business: _____

Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

CREDIT CARD AUTHORIZATION FORM

COMPANY: _____

NAME ON CREDIT CARD: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SECURITY CODE: _____

BILLING CONTACT NAME: _____

BILLING EMAIL: _____

BILLING ADDRESS: _____

BILLING CITY, STATE, ZIP: _____

I HEREBY AUTHORIZE MF SUPPLY TO CHARGE THE ABOVE CREDIT CARD FOR APPROVED PURCHASES MADE BY MY COMPANY.

_____

Print Name & Title

_____

SIGNATURE

Can MF Supply use this card information for future approved orders?

☐ Yes ☐ No