MF SUPPLY
THE RIGHT SCREW FOR YOU AND SAFETY TOO!

FASTENER & ELECTRONIC HARDWARE & SAFETY SPECIALISTS

NEW ACCOUNT FORM

Return to Accounts Receivable Email: Accounting@mfsupply.com Fax 973-777-0869

COMPANY INFORMATION

Company Name: _____

Billing Address: _____

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

Country: _____

Phone: _____ **Fax:** _____

Website: _____

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:** _____

DHL Account Number: _____ **Other:** _____

COMPANY BACKGROUND

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

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

Sales Tax (for U.S. States ONLY) Status:

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

☐ Taxable

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

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

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

COMPLETED BY:

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 AUTHORIZE MF SUPPLY TO CHARGE THE ABOVE CREDIT CARD TO PAY FOR SELECT PURCHASES BY MY COMPANY.

_____

Print Name & Title

_____

SIGNATURE

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

☐ Yes ☐ No