



MAIDSTONE
WHOLESALE SUPPLY

CUSTOMER APPLICATION

PHONE: 888.513.0060 FAX: 855.474.2400

The undersigned company is applying for credit with Maidstone Wholesale Supply and agrees to abide by the standard terms and conditions of Maidstone Wholesale Supply.

SALES/SHOWROOM

Company Name (Branch Location): _____ Branch Number: _____

Parent Company (If Applicable): _____

Phone: _____ Email: _____

Type Of Business: _____ Number Of Employees: _____

Date Business Established: _____

Fed ID or SSN: _____ Corporation Number: _____

Sales Tax License Number: _____

BILLING

Billing Contact: _____

Billing Phone: _____ Billing Email: _____

Mailing Address: _____

Invoice Address: _____

Statement Address: _____

How would you prefer to receive your billing invoices and statements?

Email Email Address: _____

US Mail _____

SHIPPING

Shipping Contact: _____

Shipping Phone: _____

Shipping Email: _____

Primary Shipping Address: _____

Loading Dock: Yes / No

Have you had credit with us before? Yes / No

If yes, under what name? _____

ARE YOU A:

CORPORATION / LLC

State of Incorporation _____

Names, Titles, and Phone Numbers of three Chief Officers

Name: _____

Title: _____

Phone: _____

Name: _____

Title: _____

Phone: _____

Name: _____

Title: _____

Phone: _____

PARTNERSHIP

Names, Titles, and Phone Numbers of the Partners

Name: _____

Title: _____

Phone: _____

Name: _____

Title: _____

Phone: _____

SOLE PROPRIETORSHIP

Name: _____

Title: _____

Phone: _____

PAYMENT OPTIONS

Pay With Credit Card

I authorize Maidstone Wholesale Supply to charge the following credit card at time of product shipment.

Credit Card Type: _____

Visa

/

MasterCard

/

Discover

Credit Card Number: _____

Expiration Date: _____

CVC Code: _____

Request 30 Day Credit Terms (Complete Below)

TRADE REFERENCES

1) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

3) Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

BANK REFERENCE

Name of Bank: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Account: _____

Phone: _____ Fax: _____

Contact: _____

Line of Credit: Yes / No

If yes, approximate credit limit? _____

Upon credit approval,
to who would you like notification faxed?

GENERAL TERMS AND CONDITIONS

I represent that the above information is true and is given to induce Maidstone Wholesale Supply, Inc. to extend credit to the applicant. My company and I authorize Maidstone Wholesale Supply, Inc. to make such credit investigations as Maidstone Wholesale Supply, Inc. sees fit, including contacting the above trade references and banks, and obtaining credit reports. My company and I authorize all trade references, banks, as well as credit reporting agencies to disclose to Maidstone Wholesale Supply, Inc. any and all information concerning the financial and credit history of my company and myself.

1. Must submit Sales Tax Exemption Form.
2. Bills are sent upon delivery of product.
3. A service charge of 2% per month will be added to all amounts not paid within 30 days.
4. No additional credit will be extended to past due accounts unless satisfactory arrangements are made with our credit department.
5. Purchase Order (PO) required for all orders.
6. PERSONAL GUARANTEE: If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.

I have read the terms and conditions stated and agree to all of these terms and conditions.

Authorized Signature: _____

Printed Name: _____

Date: _____ Title: _____

PLEASE RETURN
FAX: 855.474.2400 ATTENTION: CREDIT DEPARTMENT
OR
EMAIL: ACCOUNTING@MAIDSTONESUPPLY.COM

MAIDSTONE WHOLESALE SUPPLY USE ONLY

Date Submitted: _____ Credit Limit: _____

Customer Number: _____ Corporate ID: _____

Date Approved: _____ Maidstone Rep: _____

Sales Tax Exemption Form Received: Yes / No

TOLL FREE: 888.513.0060 | WWW.MAIDSTONESUPPLY.COM | FAX: 855.474.2400
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