

PARTS REQUEST FORM

***PLEASE EMAIL COMPLETED FORM TO INSIDE
SALES PARTS@MIDATLANTICGLOBAL.COM***

Have you purchased from us before? YES NO

IF NO, PLEASE FILL OUT PAGE 2 AS WELL

Company Name:	Date:
Address:	
Contact Name:	Telephone:
Email:	Fax:

Accounts Payable Contact:

Contact Name:	Telephone:
Email:	Fax:
Billing Address:	
AP Manager:	Email:
	Telephone:

Parts being requested:

Manufacturer Name:	Machine:	Machine Serial #:	Part #:	Quantity:

Comments/Description:

Customers Signature: _____ Date: _____

Customer's Printed Name: _____

Credit Application FORM

PLEASE ATTACH W-9 WHEN SENDING FORM BACK

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship	EIN #
Phone		<input type="checkbox"/> Partnership	Sales Tax #
E-mail		<input type="checkbox"/> Corporation	
Registered company address		<input type="checkbox"/> Other	
City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address	
Phone		City, State ZIP Code	
Fax		Phone	
E-mail		Account number	
		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, State ZIP Code	E-mail
Type of account	Other

Signature

1. All invoices are to be paid 20 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Mid Atlantic Global to make inquiries into the banking and business/trade references that you have supplied.