



NEW ACCOUNT INFORMATION

This is not an application for an open account. If you are interested in a charge account, please request a credit application.

Company name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Owner's name _____

Is this account tax exempt? Yes No (If yes, please provide tax exemption form.)

Any other contact names and phone numbers?

Name _____ Phone _____

Name _____ Phone _____

Accounts payable contact Name _____ Phone _____

Email _____

When placing orders, is a purchase order (PO) required? Yes No

When placing orders, is an "ordered by" name required? Yes No

If yes, who are authorized buyers? _____

How would you prefer to receive invoices? (Choose one.)

Daily via email or fax _____

Weekly via email or fax _____

1st of month via email or fax _____

1st of month via USPS (traditional mail) _____

MICHIGAN RESIDENTIAL MAINTENANCE AND ALTERATION CONTRACTOR LICENSE INFORMATION

Contractor License Number _____ Exp. Date _____

Do you have the following licenses under state and local code? Plumbing Heating A/C

List license numbers and types _____

PERSONAL INFORMATION

Check or card holder's name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Applicant's Signature _____ Date _____

Please return materials to Munch's Supply. Fax to (815) 207-6523 or email ar1@munchsupply.com or ar2@munchsupply.com.