



Customer Information

Company Information

| | | |
|-------------------|-----------------|---------------|
| Company Name | | |
| Address | | |
| City | State | Zip |
| Phone | | Fax |
| Contact Name | Contact Phone | Email Address |
| Alternate Contact | Alternate Phone | Email Address |

Shipping Information

| | | |
|-----------|---|-----|
| Attention | UPS Collect Number - required for UPS RED Shipments | |
| Address | | |
| City | State | Zip |

Order Confirmation

| | | | | |
|---------------------------------------|--------------------------------|---------------|------------------------------|------------|
| Do you require an Order Confirmation? | <input type="checkbox"/> Email | Email Address | <input type="checkbox"/> Fax | Fax Number |
|---------------------------------------|--------------------------------|---------------|------------------------------|------------|

Billing Information

| | | | |
|---------------------------------|-----------------------------|---------------------------------|----------------------------------|
| Do you require Purchase Orders? | <input type="checkbox"/> No | <input type="checkbox"/> Verbal | <input type="checkbox"/> Written |
| Billing terms requested | | | |
| EIN / SSN | | | |
| Sales Tax Number | | | |

Invoice Information

| | |
|-----------------------------------|--|
| How do you prefer to be invoiced? | |
| <input type="checkbox"/> Email | Email Address |
| <input type="checkbox"/> Fax | Fax Number |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Company Address <input type="checkbox"/> Shipping Address |

Bank and Trade References

Please list all three with fax numbers

| | |
|------------|-------|
| Bank Name | Phone |
| Address | Fax |
| Trade Name | Phone |
| Address | Fax |
| Trade Name | Phone |
| Address | Fax |

By signing this account application, I hereby authorize the above named Bank and Trade References to release information requested by/to Monson, Inc. dba Technical Industrial Sales for the purpose of establishing a trade account with their organization.

Signature _____ Date _____