



Credit Application

Shipping

Billing

Check if the same as shipping address

Company Name			Company Name		
Address			Address		
City	State	Zip	City	State	Zip
Phone		Fax	Phone		Fax

Accounts Payable Contact

Name	Email
Phone	Fax

Requested Payment Terms (please select one) Net 30 COD Credit Card

Credit References are required for Net 30. Payment terms granted are based on credit worthiness.

Would you like your invoices emailed? _____ **Email Address:** _____

Is there a UPS number you would like us to keep on file? _____

Would you like your truck shipments sent collect? **Account Number:** _____

If not collect your truck shipments will be sent prepaid and added.

Trade References

Company Name	Phone	Fax
Company Name	Phone	Fax
Company Name	Phone	Fax

What is your company tax status? Taxed Exempt (Tax Exempt or resale cert required) Please provide a W-9

What is your type of business? End User Dealer OEM

We certify that the above information is true and correct. I/We agree to pay this account in accordance with the credit terms established above. We authorize Mid-State Sales Inc. to verify this information and or obtain additional information by securing data from a credit agency.

Signature	Date
Printed Name	Title