



**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 Your 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 whom 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, bank, 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: **Melvin Wright of Wright Associates**

Sales Tax Exemption Form Received: Yes / No

TOLL FREE: 888.513.0060 | [WWW.MAIDSTONESUPPLY.COM](http://WWW.MAIDSTONESUPPLY.COM) | FAX: 855.474.2400  
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