



# MILAN SUPPLY COMPANY

7125 E. Pickard Rd.  
Mt. Pleasant, MI 48858  
800-756-4526  
989-772-3415(Fax)

### BRANCH USE ONLY

Date \_\_\_\_\_  
Branch \_\_\_\_\_  
Sales Rep \_\_\_\_\_  
Price Type \_\_\_\_\_  
Req. Terms \_\_\_\_\_  
Mgr. Appr. \_\_\_\_\_

## ACCOUNT APPLICATION / CREDIT POLICY & AGREEMENT

| COMPANY NAME   |             | DATE                                    |  |
|--|-------------|---|--|
| MAILING ADDRESS  |             | COUNTY                                  |  |
| CITY   | STATE       | ZIP                                     |  |
| SHIPPING ADDRESS   |             | COUNTY                                  |  |
| CITY   | STATE       | ZIP                                     |  |
| PHONE: OFFICE  | OWNER EMAIL | OWNER CELL                              |  |
| AP CONTACT NAME  | AP EMAIL    | AP CELL                                 |  |
| INVOICES EMAILED? YES/NO EMAIL: _____  |             | STATEMENTS EMAILED? YES/NO EMAIL: _____ |  |
| OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT |             |   |  |
| Federal Tax ID # (Business ID) _____   |             | Business/Contractor License # _____     |  |
| <input type="checkbox"/> Credit Amount Desired \$ _____ OR <input type="checkbox"/> COD Terms Requested _____  |             |   |  |
| FULL NAME OF OWNER(S) OR OFFICERS ("PRINCIPALS"):  |             |   |  |
| NAME   | TITLE       | SOCIAL SECURITY NUMBER                  |  |
|  |             |   |  |
|  |             |   |  |

## BANK INFORMATION

|              |         |           |     |
|--------------|---------|-----------|-----|
| NAME OF BANK |         | BRANCH    |     |
| ADDRESS      | CITY    | STATE     | ZIP |
| TELEPHONE    | OFFICER | ACCOUNT # |     |

## REFERENCES OF CURRENT SUPPLIERS NOW EXTENDING CREDIT

| NAME     | CITY / STATE / ZIP | PHONE | FAX |
|----------|--------------------|-------|-----|
| SUPPLIER |                    |       |     |
| SUPPLIER |                    |       |     |
| SUPPLIER |                    |       |     |

## GENERAL INFORMATION

|   |  |
|---|--|
| DESCRIBE TYPE OF BUSINESS AND WORK PERFORMED  | ARE PURCHASE ORDERS REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DATE BUSINESS STARTED   |  |
| SALES TAX EXEMPT? YES / NO (If yes, please attach a copy of the certificate and indicate #) | TAX RESALE NUMBER IS:  |

**NOTE: Must have valid exemption certificate. Taxes will be charged until certificate in-house.**

**\*\*NOTE - SIGNATURE IS REQUIRED ON THE REVERSE SIDE OF THIS APPLICATION\*\***

