

Invoice Account Application Form



Business Information

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Today's Date (mm/dd/yyyy)

Name of Owner/President

Year Business Started

FEIN #

Resale/Tax Exempt #

Type:

Sole Proprietor

LLC

Partnership

Corporation

Other

Mailing Address

Business Name

Contact Person

Street

City

State

Zip

Phone # (XXX-XXX-XXXX)

Fax # (XXX-XXX-XXXX)

E-mail Address

Shipping Address (if different from mailing address)

Business Name

Contact Person

Street

City

State

Zip

Phone # (XXX-XXX-XXXX)

Fax # (XXX-XXX-XXXX)

E-mail Address

Bank Reference

Name

Phone # (XXX-XXX-XXXX)

Street

City

State

Zip

Account #

Type of Account

Checking

Savings

Other

Credit References

Business/Trade Name Contact Person

Street City State Zip

Phone # (XXX-XXX-XXXX) Fax # (XXX-XXX-XXXX) E-mail Address

Business/Trade Name Contact Person

Street City State Zip

Phone # (XXX-XXX-XXXX) Fax # (XXX-XXX-XXXX) E-mail Address

Agreement

1. Mislich Bros. Inc. terms: Net 30
2. Claims arising from invoices must be made within seven business days.
3. Interest at 2% will be added monthly to any and all delinquent balances as well as any legal or collection fees necessary.
4. By signing and submitting this application, you authorize Mislich Bros. Inc. to make inquiries into the bank and business/trade references you supplied.

Name Printed Signature

Title Date mm/dd/yyyy

Thank you!

Mislich Bros. Inc.
Accounts Payable
15116 E 2100 N Rd
Pontiac IL 61764

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E-Mail: support@mbitools.com