

MHS Industrial Supply

70 North Foster Street
PO Box 1149
Mansfield, OH 44902
Phone 522-2911 or (800) 686-1768
Fax (419) 526-6762

Application for Credit

Date - _____ Approved by - _____ Customer Number - _____

Customer Information

A.

Company Name: _____

Address: _____

City/State/Zip: _____

Phone No.: _____

Fax No.: _____

e-mail address : _____

B.

Date Started: _____

Annual Sales: _____

Type of Business: _____

President: _____

V. President: _____

A/P Contact: _____

MUST BE COMPLETED: I understand that MHS Industrial Supply's terms are Net 30 Days.
_____ agrees to payment of invoices within 30 days.
(Company Name)

(Authorized Signature)

Bank Information

C.

Bank Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Phone No.: _____

D.

(for Internal Use Only)

Loan Balance: _____

Secured by: _____

Avg. Monthly Check Balance: _____

Date Account Opened: _____

Account No.: _____

For Internal Use Only

E.

Sales Person: _____

D & B Rating: _____

Approved Credit Limit: _____

Initial Order Amount: _____

(Customer to complete sections A, B, C, and F-1 Through F-4)

Trade References

F.

Company: _____

Contact: _____

Address: _____

Phone No.: _____

Fax No.: _____

G.

High Credit: _____

Balance: _____

Terms: _____

Payment History: _____

Last Sale: _____ Amount: _____

Company: _____

Contact: _____

Address: _____

Phone No.: _____

Fax No.: _____

High Credit: _____

Balance: _____

Terms: _____

Payment History: _____

Last Sale: _____ Amount: _____

Company: _____

Contact: _____

Address: _____

Phone No.: _____

Fax No.: _____

High Credit: _____

Balance: _____

Terms: _____

Payment History: _____

Last Sale: _____ Amount: _____

Company: _____

Contact: _____

Address: _____

Phone No.: _____

Fax No.: _____

High Credit: _____

Balance: _____

Terms: _____

Payment History: _____

Last Sale: _____ Amount: _____