

**MAYFLOWER SALES COMPANY, INC.**

**Customer Information/Open Account Application**

*Please print or type:*

Date: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Proprietorship     Partnership     Corporation    State: \_\_\_\_\_

**Trade Name** (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

**Ship To** (if different than above): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**If corporation please supply the following information regarding officers:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

**Resale/Exempt Number (required):** \_\_\_\_\_

**D & B #:** \_\_\_\_\_

*For additional shipping locations, please attach a separate sheet.*

*Circle the answer which applies:*

Does your company accept backorders?

**YES**

**NO**

**SOMETIMES**

Does your company require purchase orders?

**YES**

**NO**

*Please fill out this application as completely as possible to avoid delays in shipping orders.*

*Fax application to (718) 789-8346.*

(Over)

**MAYFLOWER SALES COMPANY, INC.**  
**Customer Information/Open Account Application**

(Continued from front)

Circle one of the following which best describes your business:

1. Locksmith/Hardware      4. Doors/Storefronts      6. Contractor      8. Other: \_\_\_\_\_  
3. Electrical/Alarm      5. Safe Sales      7. Automotive

**To establish an open account, please supply the following information and sign below.**

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Checking Account: \_\_\_\_\_

**Please list the name, address, telephone, fax and account number for five trade related businesses with whom you currently have open account status.**

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

*For office use only:*

**Inquiries**      **1**      **2**      **3**  
**Response**                    
**CL:** \_\_\_\_\_ **Approved:** \_\_\_\_\_

**Our terms are 2%/10 days-Net 30. A late charge of  
1-1/2% per month is charged on all balances over 60 days.**