

MAYFLOWER SALES COMPANY, INC.

Customer Information/Open Account Application

Please print or type:

Date: _____

Company Name: _____

Proprietorship Partnership Corporation State: _____

General information email: _____

Trade Name (if different than above): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

Accounts Payable Contact: _____ Extension: _____

E-mail _____

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)

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(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 Net 30. A late charge of
1-1/2% per month is charged on all balances over 60 days.