

**Date:**
**Type of Account:** Choose one

**How were you referred to us?**

Credit Card\*

Net 30 Terms\*

\*All accounts will be setup as credit card only if page 2 is not signed.

**Company Legal Name:**
**Company DBA:** (if different from legal name)

**Corporate/Accounting Mailing Address:**
**Shipping Address: (if different)**

City:

City:

State/Zip:

State/Zip:

Main Phone:

Main Fax:

**Accounts Payable Manager** (or equivalent)

**Purchasing Contact(s):** Please include an email contact

Name:

Name:

Title:

Title:

Phone:

Phone:

Email:

All invoices will be emailed to the AP contact above unless indicated below.

Email to receive invoices:

Email:

Name:

Title:

Phone:

 Sales Tax Status: **Taxable**
**Exempt**

(if exempt, please attach a copy of exemption cert.)

Email:

Primary Business Activity:

Year Established

# of Employees

For Internal Use Only

Accounting Notes:

Customer ID:

Order Taker:

Territory Assigned To:

## Terms and Conditions for Net 30 Terms

Please read the following terms and conditions carefully. By signing below, you, the undersigned, as a representative of the company or individual agree to abide by these terms.

1. **Payment Terms:** All invoices must be paid by check, money order, or ACH payment; within 30 days of receipt of invoice. Credit cards are not an accepted form of payment for accounts with terms.
2. **Late Payment Agreement:** In the event of a late payment, a fee of 1.5% of the outstanding balance may be charged for each month the payment is late.
3. **Personal Guarantee:** I, the undersigned, guarantee the payment of all amounts due to W.P. & R.S. Mars Company, dba Mars Supply. (Corporations are exempt from this condition)
4. By submitting this application, you authorize Mars Supply to run an Experian credit report and to inquire into the banking reference supplied below or as an additional attached document.

a. Requested Credit Limit: \$ \_\_\_\_\_

b. Financial Institution: \_\_\_\_\_

c. Account Number: \_\_\_\_\_

d. Banking Contact Name: \_\_\_\_\_

e. Banking Contact Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ (printed name) , have read and agree to the terms and conditions outlined above.

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