MARS SUPPLY
YOUR INDUSTRIAL SUPPLY PARTNER

Customer Setup Form

Date

How were you referred to us?

Type of account: ○ Credit card* ○ Net 30 terms*

Order pending? ○ Yes ○ No If yes, order/quote #

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

COMPANY INFORMATION

Company legal name

Company DBA (if different from legal name)

Primary business activity

Year established

# of employees

Main phone

Website

ADDRESSES

Corporate / accounting mailing address

Street address

City

State

ZIP

Shipping address (if different)

Street address

City

State

ZIP

CONTACTS

Accounts payable manager (or equivalent)

Name | Title | Phone | Email

Purchasing contact

Name | Title | Phone | Email

Purchasing contact #2 (optional)

Name | Title | Phone | Email

All invoices will be emailed to the AP contact above unless a different address is entered here.

Email to receive invoices

TAX STATUS AND ORDERING

Sales tax status: ○ Taxable ○ Exempt *If exempt, please attach a copy of your exemption certificate.*

Electronic ordering: ○ EDI ○ Punchout ○ None Platform

FOR INTERNAL USE ONLY

Customer ID

Order taker

Territory assigned to

Accounting notes

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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 service charge of 1.5% of the outstanding balance may be charged for each month the payment is late.
3. **Credit Authorization:** 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.

Credit and banking reference

Requested credit limit ($)	
Financial institution	
Account number	
Banking contact name	
Banking contact phone number	

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

Signature: _____ Title: _____

Date: _____