

BRAMMALL

INDUSTRIAL SUPPLY™



2179 MAIDEN LANE, SAINT JOSEPH, MICHIGAN 49085
269.926.2111 • 800.922.1513 • BRAMMALLSUPPLY.COM

Date:

Name of Company:

Street:

City:

State/Zip:

Country:

Telephone:

Fax:

Mobile Phone:

E-mail:

Website:

Type of Business:

Years in Business:

Sales Tax Exemption #:

Federal ID #:

Check One: Corporation Partnership
 Sole Proprietorship Individual
 Government LLC
 LLP

Anticipated Yearly Volume:

Initial Order:

Type of Purchase Control System:

Purchase Order Only:

If other, please specify and list names of person authorized:

Preferred Method of Payment: Credit Card Check ACH

Receive Invoices By: E-mail Fax

E-mail:

Fax:

NAMES OF OFFICERS/OWNERS:

Name: Title: % of Ownership:

Street: City: State/Zip:

Social Security #: Home Phone:

Former/Present Affiliated Companies: Relation:

Pending Litigation? If Yes, Details:

Yes No

Bankruptcy Filed? If Yes, Date, City & State of Filing:

Yes No

Name: Title: % of Ownership:

Street: City: State/Zip:

Social Security #: Home Phone:

Former/Present Affiliated Companies: Relation:

Pending Litigation? If Yes, Details:

Yes No

Bankruptcy Filed? If Yes, Date, City & State of Filing:

Yes No

CREDIT AND TRADE REFERENCES:

Name: _____ Address: _____ Account Number: _____

Balance Due: _____ Telephone/Fax Number: _____ Contact Person: _____

Name: _____ Address: _____ Account Number: _____

Balance Due: _____ Telephone/Fax Number: _____ Contact Person: _____

Name: _____ Address: _____ Account Number: _____

Balance Due: _____ Telephone/Fax Number: _____ Contact Person: _____

Bank: _____ Branch: _____ Checking ACCT #: _____

Contact: _____ Phone Number: _____ Loan #: _____

The information contained in this Application is provided for the purpose of obtaining or maintaining credit with you. The undersigned understands that you are relying on the information provided herein in deciding to grant or continue credit. The undersigned represents and warrants that the information provided is true and complete and that you may consider it as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary including but not limited to pulling consumer credit reports on any owners or principals of the company in order to verify the accuracy of the statements made herein to determine my creditworthiness. The undersigned hereby agrees that any disputes arising out of this agreement or goods and merchandise ordered or delivered pursuant hereto will be governed and settled under applicable principles of Michigan law, under jurisdiction of the State of Michigan Courts and that venue in any such action shall be in the County of Kent. NOTE: It is understood by signing this application I am acknowledging and accepting that a service charge will be added to past-due invoices each month in the amount of 1.5% (annual rate 18.0%). Customer agrees to pay all costs of collection, including attorney fees. Merchandise may not be returned without prior authorization from Brammall Industrial Supply.

By signing this application, I acknowledge that I have read and understand the terms of sale and agree to abide by them.

Signed: _____ Date:

Print Name:

Title:

Office Use Only:

Date Received: _____ Approved By: _____ Declined By: _____

Please Send Completed Form to Carolyn Murray
Email **cmurray@brammalsupply.com** or Fax **(269) 926-8412**

