



Sales Person:

Code:

NEW CUSTOMER FORM:

Company Name:

Billing Address:

Delivery Address:

(if different than
billing address)

Telephone:

Fax:

Email addresses:

For Order Confirmations:

For Electronic Invoices:

Please provide necessary corresponding information for your preferred shipping method
(collect account number, preferred carrier, routing contact, 3rd party bill to, etc)

Tax Schedule: Taxable Tax-Exempt (must provide copy of tax-exempt certificate)

Are you applying for Net 30 credit terms*? Yes No

Requested credit line amount*:

*approval based on credit application and reference check

Alternative Method of Payment:

CIA COD Credit Card*

expiration date

* (3.5% surcharge may apply)

security code

billing zip code

Please return this form along with related documents to your sales person to complete your account set up. Thank you for your business!



Monarch Brands Inc

11350 Norcom Road, Philadelphia PA 19154

P: 215-482-6100 F: 215-482-6190 E: info@monarchbrands.com

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	If "other" please explain:
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION

City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Monarch Brands Inc to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

*If your business is tax exempt, please provide a copy of your tax exemption form or retail certificate

FOR INTERNAL USE ONLY:

APPROVER SIGNATURE:

APPROVED CREDIT LIMIT:

DATE: