



www.4statemaint.com

P.O. Box 591 • Coffeyville, KS 67337 • Fax 620-251-0391 • 620-251-7033

Business Information (Billing Address)	
Company Name:	Phone Number:
Street Address	Fax Number:
City, State, Zip	
D & B or Experian (TRW) Number:	Tax ID Number:
Affiliated or Previous Names of Company:	
Type of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Length of time company has been in business:	Primary Business Activity:
Business Premises Are: <input type="checkbox"/> Owned <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Other	Years at the Location _____
Owner's Name(s)	
Owner's Social Security Number(s):	

Accounts Payable & Bank Information		
Payable Contact:	Title:	Phone: Fax:
Email Address:		
Banking Institution Name:	Branch:	Address:
Bank Contact:	Title:	Phone: Fax:
Bank Account Number:		

Trade References (Suppliers Only)		
Vendor Name:	Address:	Phone: Fax:
A-		
B-		
C-		

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Purchasing	
The following individuals will, among others, be placing orders:	
Email Address:	
Anyone placing orders on our behalf is deemed authorized:	
Authorized Signature:	
Are purchase order number(s) required to charge your account? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Information	
Credit Limit Requested:	Anticipated monthly purchases:
Is cash OK until credit is approved?	D & B Rating:
Are you buying for resale?	If so, Exempt Organization Sales Tax Certification Number: (Please attach copy & Resale Exemption Certificate) EX-
Please attach a copy of any reports, financial statements, or any other tools that, in your opinion, can assist us in approving your request for credit on a timely basis.	

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for purposes of obtaining credit and is warranted to be true. I/We hereby authorize 4-State Maintenance Supply, Inc. to investigate the references listed to pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 15% per year) may be charged to debtor in the event of default or failure to pay for goods sold and delivered. 4-State Maintenance Supply, Inc. requires payment on all orders to be received within 30 days of the invoice date. If these terms are not in agreement with payment policy of your company, a written request for change of terms should be submitted with this application. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

(Authorization signature MUST be given in the space provided below for Credit Application to be processed)

Authorization Signature	Title	Date
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Authorization Signature	Title	Date
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Thank you for your interest in 4-State Maintenance Supply, Inc. products.
Your application will be processed promptly.