



### Credit Account Application

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### Trade References

**\*\*\*MUST HAVE PHONE & FAX NUMBERS – WE ARE UNABLE TO PROCESS WITHOUT THEM\*\*\***

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_ Contact Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_ Contact Name: \_\_\_\_\_

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with McGill Hose & Coupling, Inc. terms **(1% 10, NET 30)**. Accounts will automatically be put **on hold** if invoices exceed 45 days. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to trade credit references, consumer and/or commercial credit reports. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the creditor.

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

**We accept Cash, Check and all major credit cards**

**\*\*\*Credit card is required for first orders until credit references can be checked and account can be set up\*\*\***



### Customer Preference Request

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Carrier Selection:**

UPS Collect Number: \_\_\_\_\_ Other: \_\_\_\_\_

Special Delivery Instructions: \_\_\_\_\_

\*\*\*If no instruction is given, shipments will be shipped best way prepaid & added to the invoice\*\*\*

**Default Order Packing Basis (Please Select ONE option):**

Order Complete (One Shipment): Yes No

PO# Required Yes No

Priced Packing Slip Yes No

Tax Exempt Yes No

\*\*\*Please attach valid exemption form or taxes will be charged\*\*\*

Invoice Delivery: Fax \_\_\_\_\_ Email: \_\_\_\_\_ or Mail \_\_\_\_\_

**Contacts:**

Accounts Payable Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Purchasing Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_