



NEW ACCOUNT APPLICATION

Company Information

Legal Name of Company: _____

DBA (If Different): _____

MAILING ADDRESS (BILLING ADDRESS): _____

SHIP TO ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL: _____

WEB SITE: _____

DO YOU HAVE A WEBSITE?

OWNER: _____

YES NO

PHONE: _____

EMAIL: _____

DO YOU SELL ONLINE?

BUYER: _____

YES NO

PHONE: _____

EMAIL: _____

HOW DID YOU HEAR ABOUT US? _____

IS YOUR COMPANY A CORPORATION, PARTNERSHIP, OR SOLE PROPRIETORSHIP? _____

WHAT IS YOUR COMPANY'S FEDERAL ID No.? _____

WHAT IS YOUR COMPANY'S DUN'S No.? _____

PROMO DISTRIBUTORS ONLY, PLEASE LIST YOUR NUMBERS FOR:

ASI _____ PPAI _____ SAGE _____ UPIC _____ OTHER _____

IS YOUR COMPANY AFFILIATED WITH OR A SUBSIDIARY OF ANOTHER FIRM? _____

IF SO, PLEASE DESCRIBE THE RELATIONSHIP AND PROVIDE THE COMPLETE NAME, ADDRESS, TELEPHONE AND FAX NUMBERS OF THE OTHER COMPANY BELOW:

AUTHORIZED SIGNATURE

DATE



CREDIT CARD AUTHORIZATION

Company: _____

Name: _____

Fax: _____

Accounts Payable Person (If different than Card Holder): _____

A/P Person Email Address _____

LETTER OF AUTHORIZATION FOR CREDIT CARD PURCHASE

Item Name/ Description: _____

Item Cost: _____

Card Holder Name: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Credit Card Type: _____

Credit Card Number: _____

Exp. Date: _____ Security Code: _____

I authorize McKlein Company LLC to charge the above listed credit card for product(s) specified incl. freight if applicable.

Card Holder's Signature: _____

PLEASE FILL OUT AND FAX BACK TO:

McKleinUSA, 5412A West Roosevelt Road, Chicago, IL 60644

McKleinUSA Rep Name: _____

P: (773) 378-5400 F: (773) 378-5800

Attention Accounts Payable Manager:

To ensure timely processing and payment of your invoices, please provide the correct contact information from your accounts payable department. For your convenience, please choose a preferred method for receiving your invoices:

Mail (please provide mailing address)

Email (please provide email address)

Fax (please provide fax number)

Accounts Payable's Name and Phone Number:

If you currently receive your invoices via mail, and wish to receive an electronic copy please inform me and I will send you a copy via email.

Please feel free to contact me with any questions.

Thank you,

Joy Diaz

Accounts Receivable

773-378-5400 ext. 34