



# New Account Form

Trade Name: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Bill to Address: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Trade Reference: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bank Account # : \_\_\_\_\_ Dun & Bradstreet No.: \_\_\_\_\_

Sales Tax Exemption # : \_\_\_\_\_ State issued in: \_\_\_\_\_

NOTE: We must receive a copy of your sales tax certificate and /or manufacturer's certificate with your New Account Request Form

President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

**Customer Type: (Please circle the one that applies to your company)**

A&E: Engineering Firm Chemical Contractor Distributor Food & Beverage OEM: Original Equipment Manufacturer  
Pulp & Paper Pharmaceutical Power Textile Other: \_\_\_\_\_

Unless otherwise specified, customer understands that terms are net 30 days from invoice date. Service charges of 1 1/2% per month will apply to past due accounts. Customer agrees to pay attorney fees and/or collection fees if an account must be turned over for collection. All orders that are canceled may be subject to a cancellation fee and all orders that are returned may be subject to a restocking fee.

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

( Remainder of this form is for The Massey Company's internal use only)

Amount of Credit Approved: \_\_\_\_\_ Salesperson Assigned to Account: \_\_\_\_\_

Once completed this form should be mailed to **PO Box 26, Mt. Holly, NC 28120** or Faxed to **(704) 827-8979**