

APPLICATION FOR CREDIT WITH MARTIN SUPPLY



Please complete and return to:
Martin Supply

Phone: _____

Fax: _____

Attn (email): _____

PLEASE FILL OUT COMPLETELY TO ENSURE TIMELY PROCESSING OF YOUR APPLICATION.

Primary Customer Contact
(name and e-mail): _____

Bill to Name: _____

A/P Phone: _____

Address: _____

A/P Fax: _____

A/P Contact: _____

Email: _____

Web Site: _____

Invoice Email: _____

Subsidiary: Yes No

Ship to Name: _____

Ship To Phone: _____

Address: _____

Ship To Fax: _____

Purchasing Contact: _____

Email: _____

SIC Code: _____ Years in Business: _____

Credit Limit Requested: _____

Taxable: Yes No

13-Digit Tax Exempt # (TID/LOC) _____

Preferred Method of Shipping (Provide Acct # for Collect):

(UPS- Ground or Collect, Fedex- Ground or Collect, Customer Pickup, etc.) _____

How did you hear about Martin? _____

****Non-taxable requires a copy of your Sales Tax Exemption Certificate (ST-105 for Indiana)**

****Please attach a copy of your Company Information Sheet with Credit References**

This portion to be filled out by Martin personnel requesting setup.

Salesman Name: _____

Requested by / date: _____

Salesman #: _____

Approved by (Mgr) / date: _____

Accounting Use Only

Credit Limit: _____

Auth. By: _____

Date: _____

Notes: _____

Entered by / date: _____

Customer #: _____