

**MAYFLOWER SALES COMPANY, INC.**

**Customer Information/Open Account Application**

**Please print or type:**

Date: \_\_\_\_\_

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

Proprietorship     Partnership     Corporation    State: \_\_\_\_\_

General information email: \_\_\_\_\_

Trade Name (if different than above): \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Extension: \_\_\_\_\_

E-mail \_\_\_\_\_

Ship To (if different than above): \_\_\_\_\_

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

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

Contact Person: \_\_\_\_\_

If corporation please supply the following information regarding officers:

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

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

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

Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_ Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_ Title: \_\_\_\_\_ Soc. Sec. \_\_\_\_\_

Resale/Exempt Number (required): \_\_\_\_\_ D & B #: \_\_\_\_\_

*For additional shipping locations, please attach a separate sheet.*

*Circle the answer which applies:*

Does your company accept backorders?    YES    NO    SOMETIMES

Does your company require purchase orders?    YES    NO

*Please fill out this application as completely as possible to avoid delays in shipping orders.*

*Fax application to (718) 789-8346.*

(Over)

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(Continued from front)

Circle one of the following which best describes your business:

1. Locksmith/Hardware      4. Doors/Storefronts      6. Contractor      8. Other: \_\_\_\_\_  
3. Electrical/Alarm      5. Safe Sales      7. Automotive

To establish an open account, please supply the following information and sign below.

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Checking Account: \_\_\_\_\_

Please list the name, address, telephone, fax and account number for five trade related businesses with whom you currently have open account status.

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

*For office use only:*

Inquiries      1      2      3  
Response                    
CL: \_\_\_\_\_ Approved: \_\_\_\_\_

Our terms are Net 30. A late charge of  
1-1/2% per month is charged on all balances over 60 days.