

New Account Information

This is not an application for an open account. If you are interested in a charge account, please request a credit application.

Please complete the form below and email it with any supporting documents to ar1@munchsupply.com or ar2@munchsupply.com.

Date:				
Company name:				
Company owner's name:				
Address:				
City:		State:	Zip code:	
Email:				
Phone (main):		none (cell):		
Is this account tax exempt? \Box	l Yes □ No (If yes, pleas	se provide tax exemption	form.)	
Additional contact names and	phone numbers:			
Name:	Pr	Phone:		
Name:		Phone:		
Accounts payable contact:				
Name:	Phone:	Email:		
When placing orders, is a pure	:hase order (PO) required	? □ Yes □ No		
When placing orders, is an "or	dered by" name required?	? □ Yes □ No		
If yes, who are authorized buy	ers?			
How would you prefer to recei ☐ Daily via email or fax:				
☐ Weekly via email or fax:				
☐ 1st of month via email or fa	эх:			
□ 1st of month via USPS (traditional mail):				
MICHIGAN RESIDENTIAL MAI	NTENANCE AND ALTERA	ATION CONTRACTOR LIC	ENSE INFORMATION	
Contractor license number: Exp. Date:				
Do you have the following lice				
List license numbers and type				
PERSONAL INFORMATION				
Check or card holder's name:				
Address:				
City:				
Phone (main):				
Applicant's signature:		Date:		