



Credit Application Form

Please fill out this form. Then scan and email, or fax it to us. We will process your application. That includes checking your bank and trade references. Once we complete the process we will let you know if we will extend credit to you. Thank you very much for taking the time to fill out this form. We appreciate your desire to do business with us. We look forward to working hard to earn your business every day.

Company Information

Company Name (*Doing Business As*) _____ Full Legal Business Name _____
____ Corporation ____ Partnership ____ Individual/Sole Proprietor ____ Other _____

Business Address (*not a PO Box*) _____ City _____ State _____ Zip Code _____

Billing Address (*if different than Business Address above*) _____ City _____ State _____ Zip Code _____

Shipping Address (*if different than Business Address above*) _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email Address _____

Website _____ Type of Business _____

Owner _____ Date Business Established _____ No. of Employees _____

Federal Taxpayer ID No. _____ Dun & Bradstreet # _____ SSN (*Optional*) _____

Michigan Sales Tax Exempt? ____ Yes ____ No (*If yes, a sales tax exemption form must be submitted.*)

Account Type

____ Credit on Account \$ _____ Desired Credit Amount (*Please go to Bank references and continue.*)

____ Cash or Credit Card Only (*Please stop here and sign on the Authorized signature line below, then submit.*)

Bank References

 (*Please complete all fields for each reference. Incomplete reference information will delay processing.*)

Bank Name _____ Phone Number _____ Address, City, State, and Zip Code _____

Account No. _____ Type _____ Contact _____

Trade References

 (*Please complete all fields for each reference. Incomplete reference information will delay processing.*)

1. _____
Business Name _____ Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email Address _____

2. _____
Business Name _____ Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email Address _____

3. _____
Business Name _____ Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Email Address _____

Customer Account Administrator

The person listed below is fully authorized to create and maintain a list of authorized buyers within your company who can place orders and purchase materials from Marshall E. Campbell Company. This authorized person will also determine the credit limit for each authorized buyer. It is this person's responsibility to maintain the list of authorized buyers (i.e., new hires/terminations).

Name	Title	Email Address	Phone Number	Fax Number (Optional)
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The undersigned agrees that all purchases of product from Marshall E. Campbell Co. (Campbell) will be governed by Campbell's standard terms and conditions of sale, which are available on our website at www.mecampbell.com. Any modifications of such terms or any additional terms will not be binding upon Campbell unless they are in writing and signed by an officer of Campbell. Any credit extended by Campbell to the undersigned and the limits of such credit shall be at Campbell's sole discretion and may be reduced or revoked by Campbell at any time. Campbell's standard credit terms are NET 30 days from receipt of invoice. Campbell reserves the right to charge interest at the rate of 18% per annum or at the highest rate available under applicable law to any account balance exceeding agreed upon payment terms. It is further understood and agreed that the purchaser will pay all reasonable attorney fees and court costs incurred by Campbell in connection with any collection action. I certify that all information on this application is correct and the listed bank and trade references are authorized to release appropriate information to Campbell, which will be held in confidence. I further certify that I am an authorized officer, partner, or representative with authority to sign this application. By signing below, I acknowledge and agree to the foregoing conditions.

Authorized Signature (Required)	Date
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Please Print Name	Title
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Please email, fax, or mail completed application using the information below. Thank you.

Marshall E. Campbell Company | 2975 Lapeer Rd., Port Huron, MI 48060 | Phone: (800) 462-4050 | Fax: (810) 985-6689 | AR@mecampbell.com



Account Administration Form

Company Name

Order Process

____ All employees are authorized to purchase ____ The following names are authorized to purchase:

_____	_____
_____	_____
_____	_____

Purchase orders required? ____ Yes ____ No Other requirements _____

Additional Shipping Addresses (Primary listed on Credit Application Form):

_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Address	City	State	Zip Code

Contact Information

_____	<u>Accounts Payable</u>	_____	_____	_____
Name	Department	Email Address	Phone Number	Fax Number
_____	<u>Purchasing</u>	_____	_____	_____
Name	Department	Email Address	Phone Number	Fax Number
_____	_____	_____	_____	_____
Name	Department	Email Address	Phone Number	Fax Number
_____	_____	_____	_____	_____
Name	Department	Email Address	Phone Number	Fax Number

Billing Information

Invoices may be received on a daily, weekly, or monthly basis. Please select your desired option:

____ Daily Email ____ Daily Fax ____ Weekly Email ____ Weekly Fax ____ Monthly Email ____ Monthly Fax ____ Monthly Mail

Monthly Statement Required? ____ Yes ____ No

Authorized Signature (Required)

Date

Please Print Name

Title

Please email, fax, or mail completed form using the information below. Thank you.

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