



# MAKSIWA®

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

Type of Business: \_\_\_\_\_ Commencement Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**ACCOUNTS PAYABLE FAX # or EMAIL ADDRESS:** \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_ Phone # \_\_\_\_\_

**EMAIL** for order shipment confirmation: \_\_\_\_\_ Sales Tax Number: \_\_\_\_\_

(mail certificate along with application)

**Partners or Corporate Officers**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Trade References (\*\*Please include fax numbers\*\*)**

1. Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

2. Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

3. Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

4. Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_


Salesman that came to see you \_\_\_\_\_

My signature below certifies that the above information is true. This information is to be used only for the purpose of establishing/updating credit information. I further agree to adhere to payment terms as shown on invoice billings. If payment terms are not met, I understand I may be subject to pay any collection/legal fees incurred to collect any monies owed.

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

Please email this to: [customer.service@maksiwa.com](mailto:customer.service@maksiwa.com)

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