

Salesperson:
Initial Order: \$



CREDIT APPLICATION
****CUSTOMER MUST PROVIDE FAX NUMBERS**

BUSINESS INFORMATION		DESCRIPTION OF BUSINESS		
NAME OF BUSINESS		NO. OF EMPLOYEES	CREDIT REQUESTED	IN BUSINESS SINCE
LEGAL (if different)		TYPE OF BUSINESS		
BILLING ADDRESS		SHIPPING ADDRESS		
EMAIL:		DUNS#		
TEL:	FAX:	BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION/SUBSIDIARY		
COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTION				
NAME:	TITLE:	EMAIL:	TEL:	
NAME:	TITLE:	EMAIL:	TEL:	
A/P CONTACT	TITLE:	EMAIL:	TEL:	
BANK REFERENCES				
NAME OF BANK		NAME TO CONTACT		
BRANCH		ADDRESS		
CHECKING ACCOUNT NO.		TEL:	FAX:	
3 REQUIRED		TRADE REFERENCES		
FIRM NAME	CONTACT NAME	TELEPHONE	FAX (MUST INCLUDE)	
CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY				
<p>I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by MESA PRODUCTS, INC. in determining the amount and conditions of the credit to be extended. I understand that MESA PRODUCTS, INC. may also utilize any other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist MESA PRODUCTS, INC. in establishing a line of credit. I hereby agree to abide by all terms and conditions contained in this application. My signature gives MESA PRODUCTS, INC. permission to communicate with us electronically until that permission is revoked in writing.</p>				
SIGNATURE		TITLE		DATE
TERMS AND CONDITIONS Initial order will not be processed until credit is approved. Terms are Net 30 from date of invoice. All balances past due are subject to 1-1/2% per month finance charge				VISA, MASTERCARD, AMERICAN EXPRESS WELCOME



AN ISO 9001:2015 CERTIFIED COMPANY

NATIONWIDE SERVICE

TAX INFORMATION REQUEST

We appreciate your business and thank you for choosing to work with MESA.

In our efforts to get your account properly established, we will need you to supply some tax information.

MESA is registered to collect sales tax in a significant number of states and is required to obtain certain tax information and documents to comply with their laws. This form must be **fully completed** and returned with your credit application and any applicable tax certificates.

[** IMPORTANT: Your account cannot be set up without this information. Please be sure to submit this form with your credit application. **]

If you are uncertain of what is required, please consult with your Accounting Department or Tax Professional.

Name of Company: _____

City: _____ County: _____ State: _____ Zip code +4: _____

Is your location inside CITY LIMITS? YES _____ NO _____

FEDERAL TAX IDENTIFICATION NUMBER: _____

ARE YOUR PURCHASES TAXABLE? YES _____ NO _____

(If you answered NO-Please, be sure to read section below!)

If you answered yes, thank you for notifying us. The applicable sales tax will be added to your order based upon the SHIP TO ADDRESS where MESA is registered.

If you are EXEMPT and responded NO ...

Thank you for notifying us of your tax exempt status. We must have a valid certificate from you in order to exempt your orders from tax. PLEASE submit a certificate along with this form when sending in your credit application to ensure timely and accurate processing.

EXEMPTION CERTIFICATE CONTACT E-MAIL: _____

IMPORTANT NOTE FOR EXEMPT CUSTOMERS

RESELLING? If you are having us drop ship for you, taxes may apply to these orders if we do not have an exemption certificate for your company in the state to where the items are being shipped. Taxes are generally determined by the DELIVERY address.