



Mark Industries, LLC

New Account Application

Company Name _____ Date _____

Contact _____

Address _____ Ph: _____

_____ Fax: _____

Alternate phone (if applicable) _____

About Your Company

In business since _____ At above address since _____ Tax ID # _____

Circle one: Brick & Mortar Webshop Both

Business Structure: Corporation _____ Partnership _____ Individual Ownership _____

Top selling brands _____

Controller / Accounts Payable Contact _____

Have the officers or owners given personal guarantees for any debt of the company ? _____

Bank Reference _____ Fax: _____

Address _____ Phn: _____

_____ Acct# _____

Billing Information: Visa MasterCard Amex Discover

Card Number _____

Expiration date _____ Security Code (3digit on back of card) _____

Name (as it appears on card) _____

Billing Address for card _____

I am authorized to make the foregoing application for credit or for the purpose payment of obtaining merchandise on an open account basis, subject to the terms and conditions of sale, which will be stated on all invoices and sales orders. In applying for credit with Mark Industries, LLC. I authorize the release of any information about our company from the above trade and bank references. This information can be used to determine our ability and willingness to pay bills. This information on this application is true and accurate. I have read and understood Mark Industries, LLC Help Yourself Feeding Solution Wholesale Terms of Trade Agreement. I agree to the terms and will follow them.

Signature _____

Title _____