

Customer Credit/Customer Requirements



MGM Brakes

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DATE: _____

TYPE OF ACCOUNT:

<input type="checkbox"/> OEM	<input type="checkbox"/> OES (Small Service)
<input type="checkbox"/> Contract Distributor	<input type="checkbox"/> OES (PDC)
<input type="checkbox"/> Distributor	<input type="checkbox"/> OES (Drop Ship)

INTERNAL USE ONLY

Salesman: _____ Approved Credit Limit: _____
Requested Credit Limit: _____ Approved By: _____
Customer Account Number: _____ Date Approved: _____

BILL TO ADDRESS:

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____ Fax No.: _____
Contact Name: Purchasing/Buyer: _____ Email: _____
Contact Name: Accounts Payable: _____ Email: _____

NOTE: Accounts Payable email must be filled in for electronic invoicing purposes.

SHIP TO ADDRESS:

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Sales & Use Tax Exemption Number(s): _____ D-U-N-S Number: _____

Copy of certificate also required

BANK REFERENCES:

	NAME	ADDRESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____

BUSINESS REFERENCES:

1. _____
2. _____
3. _____