



Credit Application Form

Please complete, sign and return this form by e-mail to sales@msiforksinc.com

Business Information

Company Name:		
Phone:	Fax:	
Address:		
City:	State:	Zip Code:

Billing Address

Company Name:		
Phone:	Fax:	
Address:		
City:	State:	Zip Code:

Primary Contact Information

Contact Name:	
Phone:	E-mail:

Accounts Payable Contact Information

Contact Name:	
Phone:	E-mail:
Electronic Invoice: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate e-mail address (only 1 e-mail address allowed):	

Tax Information

Dun & Bradstreet Number (D&B):	
Federal Tax ID Number (USA Only)*:	
Exempt from Sales Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If yes, please attach a copy of <i>exemption certificate</i> or provide number)	
Type of Business: <input type="checkbox"/> OEM <input type="checkbox"/> Retail	

Bank References

Bank Name:		
Bank Address:		
Contact Name:		
Phone:	Fax:	E-mail:
City:	State:	Zip Code:
Account Number:		

1298 Galleria Blvd, Rock Hill, SC 29730 – USA
Phone: +1 (803) 980-6800 Fax: +1 (803) 980-6805

E-mail: sales@msiforksinc.com
A subsidiary of MS INTERNATIONAL PLC

website: www.msi-forks.com
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MSI-Forks

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Business/Trade References

Company Name:		
Contact Name:		
Title:		
Phone:	Fax:	E-mail:
City:	State:	Zip Code:

Business/Trade References

Company Name:		
Contact Name:		
Title:		
Phone:	Fax:	E-mail:
City:	State:	Zip Code:

Business/Trade References

Company Name:		
Contact Name:		
Title:		
Phone:	Fax:	E-mail:
City:	State:	Zip Code:

As a valued client, we welcome the opportunity to open an account for you. We strive to give our customer's outstanding product while delivering the best possible service. It typically takes 2-4 business days to process an application. We ask that the credit application be completed in its entirety.

By completing and signing this form, MSI-Forks is authorized to contact any of the references listed and obtain credit reports for the purposes of investigating and establishing a credit account.

Authorized signature _____ Date: _____

Printed name: _____ Title: _____

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