



Credit Application Form

Please complete, sign and return this form by email to sales@msiforksinc.com

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

Business Information		
Primary business address:		
City:	State:	Zip Code:
Telephone:	Fax:	E-mail:
Date Established:	Estimated Annual Sales:	
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 exemption certificate or provide number)	
Type of Business: <input type="checkbox"/> OEM <input type="checkbox"/> Retail		

Bank References		
Bank Name:		
Bank Address:		
Contact Name:		
Phone:	Fax:	
City:	State:	Zip Code:
Account Number:		

Business/Trade References		
Company Name:		
Contact Name:		
Title	Phone:	
Email:	Fax:	

280 Mount Gallant Road, Rock Hill, SC 29730, USA
 Phone: +1 (803)980-6800 fax: +1 (803) 980-6805
 e-mail: info@msi-forks.com website: www.msi-forks.com

Company Name:	
Contact Name:	
Title	Phone:
Email:	Fax:

Company Name:	
Contact Name:	
Title	Phone:
Email:	Fax:

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.

Agreement and Signatures

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.

NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

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