



NEW CUSTOMER APPLICATION

BILL TO:

Business Name _____ Contact Name _____
Address _____
Phone _____ Street _____ City _____ State _____ Zip Code _____
Fax _____
Contact Email _____
AP Contact _____ AP Email _____ AP Phone _____

SHIP TO: Same as above

Business Name _____ Contact Name _____
Address _____
Phone _____ Street _____ City _____ State _____ Zip Code _____
Fax _____

Residential Business

Signature required (An additional fee may be included in your delivery charge and may delay deliveries if resident is unavailable at time of delivery. Mayflower is not responsible for delayed orders.)

No signature required (If no signature is selected and UPS tracking shows delivered, Mayflower is not responsible for deliveries that are lost or stolen. Mayflower is not liable for damaged packages. Claims can be submitted to UPS or the carrier to recoup damaged product.)

Sales Order Confirmation: No Email Fax

Invoice: Mail Email

Helium? No Yes Approximate number of balloons per week _____

Years at present location _____ Own Rent from _____

Annual sales (\$) _____ Is this a new store opening? _____ Date established _____

Under current ownership since _____ Number of employees _____

Type of business / industry _____ Buying group / member # _____

Sole proprietorship Partnership LLC Corporation Privately held Publicly held

Federal ID number _____ State tax exempt number _____

PAYMENT OPTIONS:

Credit Card Payment Mastercard Visa Discover American Express

Card number _____ Expiration date _____ Security code _____

Name on card _____ Authorization signature _____

Card address _____
Street _____ City _____ State _____ Zip Code _____

Now with two locations to serve you. Please call with questions or fax completed application to:

Nation Wide Toll Free
tel 800.678.4892 | fax 888.655.0921

West Coast Toll Free
tel 800.999.4565 | fax 866.527.6170

Net Terms Payment - If you are requesting net terms, please complete the following section:

Please list 3 **OPEN** Account Trade References including **COMPLETE** address, phone, and fax:

Name _____ Account # _____

Address _____

Phone _____ Street _____ City _____ Fax _____ State _____ Zip Code _____

Name _____ Account # _____

Address _____

Phone _____ Street _____ City _____ Fax _____ State _____ Zip Code _____

Name _____ Account # _____

Address _____

Phone _____ Street _____ City _____ Fax _____ State _____ Zip Code _____

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Signature _____ Date _____

Printed name _____ Title _____

Address _____

Phone _____ Social security # _____

Name of bank _____ Bank phone _____

Bank City, State _____ Account # _____

In consideration of the extension of credit to my company, I hereby personally guaranty payment of any debt incurred, together with any collection costs and/or attorney's fees incurred in pursuing collection of my company's indebtedness to Mayflower Distributing Company, Inc. Both my company and I submit to the jurisdiction of the State of Minnesota, so that any claims or disputes that arise in connection with products provided to my company can be resolved Pursuant to Minnesota law in the State Courts of Minnesota.

Signature _____ Date _____

Printed name _____ Title _____

Mayflower Distributing is dedicated to protecting our customer's privacy. The information collected on this application is for internal use only and used solely for the purpose of establishing credit with Mayflower Distributing Company, Inc. Mayflower Distributing does not rent, sell, or share this information with any 3rd party organizations.

BELOW INTERNAL USE ONLY

Free freight value _____ Invoice discount _____

Item(s) discount _____ Special item pricing _____

Rep assigned _____

BDR invoicing? No Yes POG? No Yes

Special shipping instructions _____