



# Open Account Form

MICHELANGELO REPRESENTATIVE: \_\_\_\_\_

## **COMPANY BILLING INFORMATION**

Company Name: \_\_\_\_\_

Trade Name/DBA/AKA (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

## **COMPANY SHIPPING INFORMATION (if different)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Do you need any special Service during delivery (extra charge may apply):

Liftgate

Appointment

Residential

Other: \_\_\_\_\_

Receiving Hours : \_\_\_\_\_

Monday : Thursday :

Tuesday : Friday :

Wednesday :

## **INVOICE PROCESS & REQUIREMENTS**

The default invoice method is via email as a single .pdf per invoice.

A/P Email for Accepting Invoices: \_\_\_\_\_

A/P Contact Phone: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_ Email (if different): \_\_\_\_\_

## **PAYMENT TERMS AND CONDITIONS**

**STANDARD PAYMENT TERMS ARE NET 30 FROM INVOICE DATE.** DO YOU AGREE TO THESE TERMS?  YES  NO

Customer agrees, any indebtedness incurred pursuant to this request for credits that is not paid in full when due, the customer hereby agrees to pay all costs of collection, including all reasonable attorney fees. Any balance so remaining unpaid shall bear interest at the lesser rate of 1% per month or the maximum rate permitted by application law, until paid in full. All payments to ITS Logistics must be made in USD.

## **ACCEPTANCE AND APPROVAL**

Signing this agreement indicates your acceptance of the above stated payment terms and conditions. In addition, you authorize Michelangelo Moulding to make any and all inquiries necessary to process this Credit Application.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Date: \_\_\_\_\_

**TRADE REFERENCES**

Provide 3 references you have done business with for at least one year.

Name: \_\_\_\_\_  
Contact : \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact : \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Contact : \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_

You can return the form by email to: [accounting@michelangelomoulding.com](mailto:accounting@michelangelomoulding.com)  
Or by fax to: 877-639-3642

THANK YOU