



New Customer Form

Please send the completed form to AR@meridian-direct.com

Business Name: _____
D/B/A: _____
Line of Credit Requested: \$ _____
Phone (_____) _____
Billing Address: _____
Shipping Address: _____
Federal Tax ID#: _____
Type of Business _____
How long in Business _____

PURCHASING:

Contact Name _____ Phone _____
Purchasing Email _____

ACCOUNTS PAYABLE:

Contact Name _____ Phone _____
Accounts Payable Email _____

INVOICE DELIVERY OPTION: Email Mail Credit Card Link

TAX EXEMPT: Yes No

If yes, please provide Tax Exempt Number _____, State _____
or attach Resale Certificate

FREIGHT GUIDELINES Please specify any freight guidelines: _____

Freight Carrier: _____ Freight Account # _____

*If no freight guidelines are provided, shipments will be billed prepay & added to invoice.

PAYMENT TERMS

Credit Card Terms A separate credit card authorization form will be sent for you to provide your card details.

Signature _____ Date _____

Net 30 Payment Terms Please fill out the below.

OWNERSHIP: Sole Proprietorship Partnership Corporation LLC

PRINCIPAL: _____
(NAME) (Title) (Phone)

PRINCIPAL: _____
(NAME) (Title) (Phone)



TRADE REFERENCES:

NAME

ADDRESS/PHONE#/EMAIL

_____	_____
_____	_____
_____	_____

BANK REFERENCES:

_____	_____	
(Name)	(Address)	
_____	_____	
(Acct #)	(Contact)	
No. of Employees _____	Est. Annual sales _____	Sales Area _____

Has the firm or any of its principles ever been Bankrupt? Yes No

If Yes, explain: _____

Any misrepresentation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct.

You are authorized to investigate the credit references and principles listed.

In consideration for the extension of credit, said business promises to pay for all purchases within the terms agreed (Net 30) and agrees to pay a service charge per month of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

(Name of Business)	

(Print Name)	(Title)

(Signature)	

(Print Name)	(Title)

(Signature)	

Personal Guaranty

Name	

Address	

City	State/Zip

Social Security Number	

I hereby guarantee to Meridian the payment of all sums owing on this account. Meridian shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit references in connection with this application. Meridian shall also have the right to report the way I pay this account to the credit bureaus and other parties who may lawfully receive such information.

_____	_____
Signature	Date
_____	_____
Witness	Date