

NEW ACCOUNT & CREDIT APPLICATION

CUSTOMER INFORMATION*	SOLD TO NAME (party that places the order)		BILL TO NAME (party that receives the invoice for payment)	
	STREET		STREET	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
	PAYER NAME (party that settles the invoice)		SHIP TO NAME (party that receives the goods)	
	STREET		STREET	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
	*Your company may have one address which fulfills more than one role listed above. If multiple ship to locations attach listing.			
INVOICING OPTIONS: PLEASE CHOOSE ONE (FAX OR EMAIL) FAX: _____ EMAIL: _____				
FAX (if fax chosen please provide number)			EMAIL (if email chosen please provide address)	
LEGAL REPRESENTATIVES:				
CREDIT INFORMATION	Sales Tax Exempt: <input type="checkbox"/> YES, (Provide State and State Tax Resale Number) _____ <input type="checkbox"/> NO, Taxable			
	<small>MVP Enterprises must obtain a copy of the RESALE CERTIFICATE/ EXEMPTION LETTER within 3 BUSINESS DAYS, otherwise the account will be set as taxable.</small>			
	TYPE OF BUSINESS			
	CORPORATION	LLC	PARTNERSHIP	SOLE PROPRIETOR-SSN#
CREDIT REFERENCES	ENTITY RESPONSIBLE FOR PAYMENT			
	CONTACT NAME		TELEPHONE NUMBER	FAX NUMBER
	BANK NAME		TELEPHONE	FAX
	ADDRESS		EMAIL	
	CONTACT NAME		ACCOUNT #	
	TRADE REFERNCE NAME		TELEPHONE	FAX
	ADDRESS		EMAIL	
	CONTACT NAME		ACCOUNT #	
	TRADE REFERNCE NAME		TELEPHONE	FAX
	ADDRESS		EMAIL	
CONTACT NAME		ACCOUNT #		
TRADE REFERNCE NAME		TELEPHONE	FAX	
ADDRESS		EMAIL		
CONTACT NAME		ACCOUNT #		
ANTICIPATED SALES:				
I (WE) grant permission for any person or reporting agency to furnish to MVP Enterprises all information which may periodically be requested. I understand credit terms and limits are at the sole discretion of Newell Rubbermaid and may be changed at any time.				

Signature: _____ Title: _____

PLEASE FORWARD YOUR COMPLETED APPLICATION ALONG WITH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT, IF AVAILABLE. YOUR FINANCIAL STATEMENT WILL BE KEPT STRICTLY CONFIDENTIAL. THANK YOU FOR THIS INFORMATION.

