

4495 E. Wall Street, Unit105 Ontario, CA 91761 Phone: (909) 390-5744 Fax: (909) 390-5748 www.midaseventsupply.com

Product Solutions that Build Your Business!

APPLICATION FOR C	<u>USTOMER</u>	ACCOU	<u> </u>			
Company Contact Infor	mation:					
Legal Name:				d/b/a:		
Billing Address:						
City:				<u> </u>		-
Zip Code:		Phone:			Fax:	
Company URL			Accoun	ting Email:		
Date Company Established			Corpora	ate Structure		
Purchase Order Require	ed?					
Mailing address:	Same a					
City:				_ State:		Zip:
Business Form: (check	one):					
"S" Corporation Sole Prop	orietorship		Partner	ship "C" Corporation	on .	LLC
Company Principals:						
Name:				Officer		Director
Name:				Officer		Director
Business Trade Referer	ices:					
1. Name of Company:						
Contact person: _						
Address:						
City:				State:		
Zip:		_	Phone:		Fax:	
Email:						

Please continue to Page 2

Midas Event	Supply	(909) 390	5744		Page 2 of 2
2. Name of C Contact perso Address:	, ,				
City:			State:		
Zip:			Phone:		
Email:					
3. Name of C	ompany:				
Contact perso	on:				
Address:					
City:			State:		
Zip:			Phone:	Fax:	
Email:					
Banking Refe	rences:				
Name of Fina	ncial Instituti	ion:			
Contact perso	on:		Phone:		
Address:					
City:			_ State:	Zip:	
Account Num	ber(s):				
Will a Sales 8	k Use Tax Cer	tificate be forw	varded to Midas p	orior to your	initial order:
	Yes		No		
The undersig of their know		that all informa	ation contained h	erein is accui	rate to the best
privileges, Ap Net 30 days Balance On extension of	pplicant Comp from Date of Delivery for credit may be	oany agrees, to of Invoice on Custom orde withdrawn if t	& Midas Imports closely abide by In Stock items ers. Applicant Country to C.O.D. for in	the following and 30% dompany under ms are not m	g credit terms; eposit, rstands that
Agreed by:	Name (print	<u>:</u>):			
	Title:				
	Signature:				
	Date:				