



MKL DISTRIBUTORS
TOLL FREE 1-877-655-2400



FIRM NAME: _____ TELEPHONE: _____ FAX: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

SHIPPING ADDRESS: _____

COUNTY: _____ DATE BUSINESS ESTABLISHED _____ FEDERAL TAX ID # _____

TYPE OF BUSINESS: CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____ GOVERNMENT _____

DESCRIPTION OF BUSINESS: Surveying/Engineering ___ Contractor ___ Government ___ Utility ___ Retailer ___ Exporter ___ Other ___

*PLEASE PROVIDE E-MAIL ADDRESS: _____ WEBSITE _____

PRINCIPAL NAME: _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

HOME ADDRESS, CITY, STATE & ZIP CODE, HOME TELEPHONE

PRINCIPAL NAME: _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

HOME ADDRESS, CITY, STATE & ZIP CODE, HOME TELEPHONE

SALES TAX EXEMPT CERTIFICATE # _____ IF TAX EXEMPT, CERTIFICATE OF RESALE MUST BE ATTACHED

STATEMENT REQUIRED _____ PURCHASE ORDER # REQUIRED _____

PLEASE LIST ANY ADDITIONAL COMPANY LOCATIONS AUTHORIZED TO PURCHASE ON YOUR BEHALF:

TRADE REFERENCES:

	<u>NAME</u>	<u>ADDRESS</u>	<u>AREA CODE, PHONE & FAX #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK REFERENCE: **PLEASE LIST BANK, COMPLETE ADDRESS, AREACODE, PHONE # AND FAX #**

ACCOUNT #: _____ BANK OFFICER CONTACT: _____

By submitting this application, we agree to pay for all purchases according to the terms stated on the invoice. We authorize a personal and corporate credit investigation to determine the credit worthiness of the applicant. We understand that any past due accounts will be subject to a service charge of 1 1/2 % per month (18% per annum) added. If it becomes necessary to effect collection, we agree to pay reasonable collection agency fees, court costs and attorney's fees.

SIGNATURE: _____ NAME: _____ TITLE: _____ DATE: _____
COMPANY OFFICER

PERSONAL GUARANTEE

In consideration of your extending credit to the above firm at my/our request, I/we hereby personally guarantee, jointly and severally if more than one guarantor, the payment of all of its obligations to you until withdrawn by me/us by certified mail. We authorize a personal credit investigation to determine the credit worthiness of the applicant

SIGNATURE: _____ SIGNATURE: _____

PRINT NAME: _____ PRINT NAME: _____

LINE OF CREDIT REQUESTED: \$ _____

****PLEASE FILL IN ALL BLANK AREAS****

FT. LAUDERDALE
809 PROGRESSO DR.
FT. LAUDERDALE, FL 33304
(954) 763-5300
TOLL FREE: 1-800-327-0775
FAX: (954) 462-2992

TAMPA
5468 56th COMMERCE PARK BLVD
TAMPA, FL 33610
(813) 623-3307
TOLL FREE: 1-800-282-7003
FAX: (813) 623-2100