



# Monroe Specialty Company, Inc.

## Dealer Application

### Instructions:

Please fill in the form, sign, date, and fax to: 877-235-0179 or email to: [orders@monroespecialty.com](mailto:orders@monroespecialty.com)

MSCI Products would you like Purchase at Wholesale : **Medical ID - Pet ID - Brass Nameplates - Other**

Legal Business name		Doing Business As Name (DBA)			Tax ID # (TIN or SSN)	
Business Address:		City:	State:	Zip:	Telephone #	Fax#
Mailing Address:		City:	State:	Zip:	Email Address	
Owner / Officer		Telephone #		Email Address		
Select One:	Sole Proprietorship	Partnership	Corporation		State Incorporated In:	
How Would You Classify Your Facility (Retail / Brick and Mortar / Online Sales)?				How Long Have You Been In Business?		

### IF YOU ARE REQUESTING AN OPEN LINE OF CREDIT ACCOUNT MAKE SURE THE FOLLOWING IS COMPLETE:

- All banking information is completed (if no bank Reference, You will be limited to Credit Card Purchases).
- Personal guaranty on the bottom of the form signed by a principal officer of Company.

### Bank Reference

Bank Name	Account Name			Account Number	
Bank Address	City:	State:	Zip:	Telephone #	Fax#

### Credit References

Other Company You Have Credit With	Your Account Name			Account Number	
Address	City:	State:	Zip:	Telephone #	Fax#

Other Company You Have Credit With	Your Account Name			Account Number	
Address	City:	State:	Zip:	Telephone #	Fax#



# Monroe Specialty Company, Inc.

## Credit Card Information

Credit Card: (Choose One)							
Master Card		Visa		Discover		American Express	
Credit Card Number:			Expiration Date (Month/Year)		CVV (Security Code)		
Mailing Address:			City:	State:	Zip:	Email Address	
Cardholder Name			Telephone #		Email Address		

## Discounts & Policies:

- No return on custom stamped/engraved items.
- 30 day product repair/replacement guarantee on material and workmanship.
- Invoices past due (>31days) will be assessed a 1.5% penalty per month.
- Accounts with invoices due over 60 days will be frozen.
- Invoices due over 90 days will be sent to collections.
- Discounts & Billing Policies subject to change.

I acknowledge the above discounts and policies. I will not share Monroe Specialty Company, Inc. wholesale pricing lists with 3<sup>rd</sup> parties. I certify the information provided by me on this application to be complete and correct to the best of my knowledge.

The undersigned \_\_\_\_\_ (owner / officer name)

Hereby guarantees payment of all money due and owing to Monroe Specialty Company

by \_\_\_\_\_ (company name)

for purchases already made or to be made in the future from Monroe Specialty Company and

Guarantor will pay the full amount owed to Monroe Specialty Company in the event that

\_\_\_\_\_ (company name)

fails to pay the amount owed when due.

Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_