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**COMPANY NAME:** \_\_\_\_\_

**MAILING/BILLING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **WEBSITE:** \_\_\_\_\_

## ACCOUNTING

**TAX EXEMPT: YES \_\_\_ NO \_\_\_** **\*\*Please attach a valid exemption form or taxes will be charged.\*\***

**INVOICE DELIVERY:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ACCOUNTS PAYABLE:** \_\_\_\_\_ **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

## CREDIT REFERENCES

**PLEASE SEND 3 CURRENT TRADE REFERENCES WITH ACCURATE EMAIL ADDRESSES.**

We hereby apply for credit and affirm financial responsibility, ability and willingness to pay invoices in accordance with McGill Hose & Coupling, Inc. terms (1% 10, NET 30). Accounts will automatically be put on hold if invoices exceed 45 days. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to trade credit references, consumer and/or commercial credit reports. We agree that all decisions with respect to the extension or continuation of credit shall be the in the sole discretion of the creditor.

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## SHIPPING PREFERENCES

COMPANY NAME: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

UPS COLLECT NUMBER: \_\_\_\_\_ OTHER: \_\_\_\_\_

SPECIAL SHIPPING INSTRUCTIONS: \_\_\_\_\_

\*\* Note: If no instructions are given, shipments will be shipped BEST WAY PREPAID & ADDED to the invoice.

## DEFAULT PACKING ORDER BASIS

ORDER COMPLETE (ONE SHIPMENT):      YES \_\_\_      NO \_\_\_

PO REQUIRED:      YES \_\_\_      NO \_\_\_

PRICED PACKING SLIP:      YES \_\_\_      NO \_\_\_

## AUTHORIZED PURCHASERS

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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CUSTOMER ID: \_\_\_\_\_ BILLING ID: \_\_\_\_\_ SALES REP # \_\_\_\_\_

CREDIT REFERENCES CHECKED: \_\_\_\_\_ HM/AM SIGN OFF: \_\_\_\_\_ DATE: \_\_\_\_\_