**Midmark Corporation**

 **Request for Terms Form**

**(Credit references may be requested upon review)**

***\* Required Fields***

|  |
| --- |
| **BUSINESS INFORMATION**  |
| \*Legal Name of Company: | Parent Company: |
| \*Billing Address: | Address: |
| \*City, State, Zip:\*Tax Exempt: 🞏 Yes 🞏 No  *(Please include tax exemption form with submission)* | City, State, Zip:Midmark Customer #:Dunn & Bradstreet #:Federal Tax ID #: |

# Accounts payable Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Contact Name:** |  | E-mail: |  |
| **\*Phone:** |  | Fax: |  |

# communication preferences (DEFAULT: us mAIL)

## Invoices sent by: 🞏 Fax 🞏 Email

## Statements sent by: 🞏 Fax 🞏 Email

# authorization

|  |
| --- |
| The above information is warranted to be true and complete. Applicant submits this information with the agreement to Midmark terms and conditions of sale which are available at [www.Midmark.com](http://www.Midmark.com) or a copy can be provided upon request. If Midmark expressly authorizes approval of credit, Applicant shall make full payment within thirty (30) days of the invoice date. Midmark may at any time modify or revoke credit. Email authorization is acceptable stating “Authorize and approve attached document” |
| \***Name & Title:****\*Signature:** |  |
|  Date: |  |

Remit to: Email: CreditApplication@midmark.com or Fax: 937-526-4604