



MALLORY

1040 Industrial Way, P.O. Box 2068, Longview, Washington 360-636-5750 Fax 360-636-6023
www.mallory.com

NEW ACCOUNT / INFORMATION UPDATE

Company Name: _____

DBA: _____

Physical Address: _____

City, State, and Zip: _____

Billing Address _____

Phone: _____ Fax: _____

Do you require a PO number on all orders? ___ No ___ Yes

Would you like to receive invoices/statements by ___ Email ___ Fax – Fax # _____

Email: _____

Do you offer payment by ACH/EFT?* ___ No ___ Yes *If yes, please request banking details.

Accounts Payable Contact: _____

AP Contact Direct Line: _____

AP Contact Fax: _____

AP Email: _____

Read before signing. I/we hereby agree to the terms, **net 30** days unless otherwise stated. In the event of collection, customer agrees to pay all costs and attorney fees. Any balance over 30 days is subject to service charge of 1-1/2% per month (18% per annum).

Signature: _____

Title: _____ Date: _____

PLEASE ATTACH TAX EXEMPTION / RESALE CERTIFICATES OR PERMITS IF APPLICABLE

Please return form to customer-accounts@mallory.com