

Midwest Equipment Company

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CUSTOMER INFORMATION/CHANGE FORM

*****This form is only to be filled out by customers interested in establishing COD terms or using a credit card*****

ALL FIELDS ARE MANDATORY

“SHIP TO” MUST BE PHYSICAL ADDRESS

BUSINESS _____

STORE # _____

ADDRESS _____

CITY/STATE/ZIP _____

STORE CONTACT _____

PHONE _____

CELL PHONE _____

FAX _____

EMAIL _____

Yes, please send me discount and special offer information on product and equipment. No, do not send me emails.

OWNER/OPERATOR _____

MODEL # _____ SERIAL # _____

DO YOU REQUIRE A PURCHASE ORDER # ? YES _____ NO _____

COMPLETED BY: _____

Any credit card that is kept on file will be automatically charged for all future orders

Card Number _____ () Exp. Date _____

Card Member _____

Street Address _____ Zip Code _____

Cust # _____ Invoice # _____ Amount _____

Caller Name/Signature _____ Email _____

Capture # _____

Would you like this card number put on file? Yes / No

TO BE FILLED OUT BY A/R PERSON ONLY

DATE _____

CREDIT APP./TAX EXEMPT LETTER SENT _____ CUST # _____

COUNTY CODE/SALESMAN _____ TERMS _____ CUST. PREFERS C.O.D. _____