

# 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 \_\_\_\_\_

#### BILL TO:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A/P CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_

INVOICES BY EMAIL YES \_\_\_\_\_ NO \_\_\_\_\_

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. \_\_\_\_\_