Midwest Equipment Company
An Employee Owned Company

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CUSTOMER INFORMATION/CHANGE FORM

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

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 _____ 3-Digit Code: _____ Exp. Date _____
Cardholder Name _____
Street Address _____ Zip Code_____
Cust #_____ Invoice # _____ Amount _____
Caller Name/ _____ Email _____
Signature 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. _____

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