



CUSTOMER INFORMATION (Confidential)

*Denver • 756 S. Jason St. #8 • 303-698-9800 ph • 303-698-9879 fax
Salt Lake City • 1160 S. Pioneer Rd. #4 • 801.975.7997 ph • 801.975.9797 fax*

Company Name: _____ Website: _____

Phone #: _____ Fax #: _____ E-Mail: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Date Started: _____

Please Circle One: Partnership Sole Proprietor LLC Corporation: State _____

Number of Employees: _____ Store Front (Y/N): _____ Installation Shop (Y/N): _____ Do you own or rent your building? _____

Is the Business a Subsidiary? (Y/N): _____ Parent Company: _____

Is the Business a Franchise? (Y/N): _____ Parent Company: _____

Affiliation (NAPA, Carquest, etc.): _____

Principal's Name: _____ Title: _____ SSN# _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Principal's Name: _____ Title: _____ SSN# _____

Home Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Currently Purchasing From: _____ Expected Monthly Volume \$ _____

How Did You Hear About Meadow Creek Truck Supply?: _____

Taxable?: No / Yes - Licensed State: _____ Tax I.D. #: _____ Eff. Date: _____ Expiration Date: _____

TERMS REQUESTED

____ C.O.D / Company Check (Bank Reference Form must be completed) - No personal checks

____ C.O.D. / Credit Card: Type: _____ # _____ Exp. Date: _____

____ Open Terms / Net 30 Days From Invoice Date (Credit Application & Bank Reference Form must be completed)

Please print your name: _____ Signature: _____ Date: _____

Please fax this completed form to: Attn. New Accounts at 303-698-9879.

Someone from Meadow Creek will be contacting you shortly.

Sorry, incomplete forms cannot be processed.

Thank you!