*All fields are required unless otherwise indicated*

**Company**

|  |
| --- |
| **Company Information** |
| Company Name: | Click here to enter text. |
| Address: | Click here to enter text. |
|   |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |
| Country: | Click here to enter text. |
| Phone: | Click here to enter text. |
| *optional* Fax: | Click here to enter text. |

|  |
| --- |
| **Company Details** |
| Type of Company: | Click here to enter text. |
| Year established: | Click here to enter text. |
| Annual Sales: | Click here to enter text. |
| D&B#: | Click here to enter text. |
| Owners/Officer - Names: | Click here to enter text. |

|  |
| --- |
| **Accounts Payable Contact** |
| Name: | Click here to enter text. |
| Phone: | Click here to enter text. |

**Trade References**(minimum of three)

**Note: Do NOT include distributors or competitors.**

|  |
| --- |
| **Reference #1** |
| Company Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |
| Country: | Click here to enter text. |
| Phone:  | Click here to enter text. |
| *optional* Fax:  | Click here to enter text. |
| Contact(s): | Click here to enter text. |
| Account#: | Click here to enter text. |

**Trade References (cont’d)**(minimum of three)

**Note: Do NOT include distributors or competitors.**

|  |
| --- |
| **Reference #2** |
| Company Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |
| Country: | Click here to enter text. |
| Phone:  | Click here to enter text. |
| *optional* Fax:  | Click here to enter text. |
| Contact(s): | Click here to enter text. |
| Account#: | Click here to enter text. |

**Trade References (cont’d)**(minimum of three)

**Note: Do NOT include distributors or competitors.**

|  |
| --- |
| **Reference #3** |
| Company Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |
| Country: | Click here to enter text. |
| Phone:  | Click here to enter text. |
| *optional* Fax:  | Click here to enter text. |
| Contact(s): | Click here to enter text. |
| Account#: | Click here to enter text. |

**Bank Information**

|  |
| --- |
| **Bank Information** |
| Bank Name: | Click here to enter text. |
| Bank Officer: | Click here to enter text. |
| Account #: | Click here to enter text. |
| Address: | Click here to enter text. |
| Phone: | Click here to enter text. |
| City: | Click here to enter text. |
| *optional* Fax: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip: | Click here to enter text. |

**Important! Authorization Important!**

*I hereby authorize the release of all credit information to MH&W International, Corp.*

|  |  |
| --- | --- |
| Authorized by: | Click here to enter text. |
| E-Mail: | Click here to enter text. |
| Title: | Click here to enter text. |
| Date: | Click here to enter text. |

***Submit completed form via:***

|  |  |  |  |
| --- | --- | --- | --- |
| **EMAIL**: | admin@mhw-intl.com | **MAIL**: | MH&W International Corp.575 Corporate DriveLobby 4Mahwah, NJ 07430-2330 USA |
| **FAX**: | (201) 891-0625 |  |