



ACCOUNT APPLICATION

THE MALISH CORPORATION
7333 Corporate Blvd.
Mentor, OH 44060
Phone: 440-951-5356 Fax: 440-951-0293
E-mail: info@malish.com

Buying Group: Yes No Name: _____

Name/Billing Address

Phone: _____

FAX #: _____

E-mail: _____

Owner/President: _____

Purchasing Agent: _____

Accounts Payable Contact: _____

Shipping Address

Preferred Freight Carrier: _____

Broker/Forwarder: _____

Phone: _____

Fax: _____

Contact: _____

Contact Email: _____

Expected Volume: _____

Per Month: _____

Per Year: _____

CREDIT REFERENCES: Please supply complete information for each reference given, including **fax number** and account number where applicable. Incomplete or inaccurate information may increase the time it takes to process your application.

Name: _____

Address: _____

Account #: _____

Contact: _____

Phone #: _____

FAX #: _____

Name: _____

Address: _____

Account #: _____

Contact: _____

Phone #: _____

FAX #: _____

Name: _____

Address: _____

Account #: _____

Contact: _____

Phone #: _____

FAX #: _____

Name: _____

Address: _____

Account #: _____

Contact: _____

Phone #: _____

FAX #: _____