



## ACCOUNT APPLICATION

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

### Name/Billing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

FAX #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Owner/President: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

### Shipping Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Freight Carrier: \_\_\_\_\_

Order Ack. E-mail: \_\_\_\_\_

Accounting E-mail: \_\_\_\_\_

Expected Volume: \_\_\_\_\_

Per year: \_\_\_\_\_ month: \_\_\_\_\_

CREDIT REFERENCES: Please supply complete information for each reference given, including **email & 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 #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX #: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_