



ACCOUNT APPLICATION

THE MALISH CORPORATION
4260 Hamann Parkway
Willoughby, OH 44094
Phone: 440-951-5356 Fax: 440-951-0293
E-mail: comments@malish.com

Buying Group: Yes No Name: _____

Discount %: F_____ H_____

Name/Billing Address

Phone: _____

FAX #: _____

E-mail: _____

Owner/President:

Purchasing Agent:

Accounts Payable Contact:

Shipping Address

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 #: _____