



## ACCOUNT APPLICATION

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

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 #:** \_\_\_\_\_