



PO Box 121554  
Fort Worth, TX 76121  
800-772-2347

# ACCOUNT APPLICATION

E-mail to credit@markspp.com  
Fax to: 888-373-9431

## PART 1 - APPLICANT INFORMATION

Legal Business Name _____		DBA _____	
Billing Address _____		Shipping Address _____	
PO Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Backorders Accepted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Accounts Payable contact: _____		Invoices need to be <input type="checkbox"/> mailed <input type="checkbox"/> emailed (address) _____	
Phone: _____		Email address: _____	
Fax: _____		Please check one of the following: <input type="checkbox"/> Desire to do business on a credit card basis	
		<input type="checkbox"/> Credit amount requested _____	
Business Type: <input type="checkbox"/> Proprietorship		<input type="checkbox"/> Partnership	
<input type="checkbox"/> Corporation		<input type="checkbox"/> Government	
<input type="checkbox"/> Non-Profit		<input type="checkbox"/> Other	
SS#/Federal Tax ID# _____		Dun & Bradstreet (D&B) # _____	
In Business Since _____		Filed Bankruptcy in Last 7 Years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Tax Exempt <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please attached a resale/exempt certificate			
Type of Business _____		Date of Incorporation _____	
		State of Incorporation _____	
Do you have a Parent or Management Company? <input type="checkbox"/> Yes If yes put name, address and phone number below <input type="checkbox"/> No			
_____			
_____			

## PART 2 - PROPERTY INFORMATION

Please check one of the following  School  University  Hospital  Prison  Government  Apartment  Hotel / Full Service  Motel  Commercial Building  
that best describes you facility:  Nursing Home  Plumber  Manufacturing  Hardware  Wholesaler  Other

Number of Employees \_\_\_\_\_ Number of Beds / Units / Rooms / Trucks / Square Footage: \_\_\_\_\_

## PART 3 - PURCHASING INSTRUCTIONS

Preferred Authorization Contact Method:  Phone  Fax  E-mail  P.O. required for all purchases P.O. required only for orders over \$ \_\_\_\_\_ Approval required if order is over \$ \_\_\_\_\_

Approval Contact Name/Title \_\_\_\_\_ Authorization Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Authorization E-mail \_\_\_\_\_ Authorization Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**Optional Authorized Purchasers' Names: COMPLETE THIS SECTION ONLY IF YOU WISH TO REGULARLY MAINTAIN AUTHORIZED PURCHASERS.**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  E-mail  
E-mail \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  E-mail  
E-mail \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_ Preferred Contact Method:  Phone  Fax  E-mail  
E-mail \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

## PART 4 - SUPPLIER REFERENCES (Do NOT list Lowes, Home Depot, HD Supply, Medical or Food Suppliers)

Name	City / State / Zip	Phone	Account #
1.			
2.			
3.			

## PART 5 - OWNER OR MANAGEMENT INFORMATION

Name	Title	Social Security No.	Phone
Address			
Name	Title	Social Security No.	Phone
Address			

## PART 6 - PAYMENT ACCEPTANCE AND APPROVAL TERMS

The undersigned agrees that all purchases of product from Mark's will be governed by Mark's standard terms and conditions of sale as contained in the catalog and website. Any modifications of such terms or any additional terms will not be binding upon Mark's unless they are in writing and signed by Mark's. Any credit extended by Mark's to the undersigned and the limits of such credit shall be at Mark's sole discretion and may be reduced or revoked by Mark's at any time and for any or no reason. Should Mark's approve this application, I (we) agree to pay for all goods purchased within thirty (30) days of invoice date. John W. Gasparini Inc., (dba Mark's) is authorized to contact any references or banks listed above. It is understood that any information so obtained will be used solely for the granting of credit. Should it become necessary to collect this account by legal proceedings or otherwise, THE UNDERSIGNED, INCLUDING ENDORSERS, PROMISE TO PAY ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES. **Payment terms are "Net 30 Days". Invoices are mailed daily and are due 30 days from invoice date.**

Please Print Name and Title \_\_\_\_\_ Authorized Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only:</b>	Acct:	Ship Code:	Tax:
	Rep:	Ref:	