706 E. Broadway Mt. Pleasant, MI 48858 Phone: (989) 773-7566

Fax: (989) 773-7222

Toll Free: (877) 557-5504

Email: Jmurray@JmurrayAndCo.com

Account N			Date:		
Accoun Account A	it Name:	City:	Stat	e: Z	ip:
Store	e Phone: ()	Store Fax:	()	Years in busine	ss:
L	ocation:		Store Conta	ct Person:	
	Corporation	Partnership] Sol	e Proprietorship	
Name of	Owner:		Soc. Security las	t 4 digits#:	
Home A	Address:		City:	Z	ip:
	Email:				
	Number:				
	e Phone: ()		Cell Phone: ()		
Name of	Owner:		Soc. Security #:		
Home A	Address:				ip:
	Email:		Position:		
Orivers Lic. N	Number:				
Home	e Phone: ()		Cell Phone: ()		
Employ	ver ID #:		Expiration Date:		
	ax ID #:		Exempt: YES N	O Circle One	
Bank Name:			Telephone: ()		
Bank Address:					ip:
Account Number:			Routing Number:		
1	Name	Business References Telephone		Type of Business:	
2					
3					
ersonal use then	NT: The undersigned certifies that all purchases J Murray & Co will charge sales tax. The under ce with the definition thereof under applicable M	signed further certifies that in the ev	ent that such purchases are not for	the purpose of re-sale, or the u	
ate fee of 1.5% p	S AND COLLECTION FEES: The undersigned er month on the unpaid balance and further agre expenses incurred in any effort to collect any ove	es that in the event any collection pr			•
RETURNED CHI	ECKS: All checks returned are subject to a \$40 s	service charge.			
	ARANTEE: The undersigned understands and aga alance of said account. I the undersigned further				
	I / WE certify that everything	g stated on this application is	s true and correct to the bes	t of my/our knowledge	
By:					
	Signature	Print Name	and Title	Date	
Ву:					
			ame and Title		

CUSTOMER

INFORMATION

FORM

Aller A

J. Murray & Co. I.I.C

ESTABLISHED 1940

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PLEASE ATTACH COPIES OF YOUR SALES TAX FORM & DRIVERS LICENSE