

**The Mazel Company**

31000 Aurora Road

Solon, OH 44139

440/248/5200

Internal Use Only

Salesman\_\_\_\_\_

FOB Solon, OH\_\_\_\_\_

Terms Net days\_\_\_\_\_

**CREDIT REFERENCE & SERVICE INFORMATION**

Date:\_\_\_\_\_

Telephone No:\_\_\_\_\_

Owner's Name:\_\_\_\_\_

Other Principals: \_\_\_\_\_

Buyer's Name: \_\_\_\_\_

Controller's Name:\_\_\_\_\_

**BILL TO:**

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

Address:\_\_\_\_\_ City/State:\_\_\_\_\_ Zip:\_\_\_\_\_

Indicate who will be responsible if different: \_\_\_\_\_

Give trade name as used on checks if different: \_\_\_\_\_

Business classification: Wholesale\_\_\_\_\_ Retail\_\_\_\_\_

If Chain, How many stores: \_\_\_\_\_ List names, address, & store #'s on back of form

**SHIP TO:**

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

Address: \_\_\_\_\_ City/State:\_\_\_\_\_ Zip:\_\_\_\_\_

**SPECIAL RECEIVING INSTRUCTIONS:**

Person to Contact:\_\_\_\_\_ Telephone No. to call for

appt's:\_\_\_\_\_ Traffic Manager:\_\_\_\_\_

**TRADE REFERENCES – CLOSEOUT ONLY**

	<u>Name</u>	<u>Address/ City/ State</u>	<u>Telephone No.</u>	<u>Fax No.</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

**TYPE OF BUSINESS:**

Individual\_\_\_\_\_ Partnership\_\_\_\_\_ Corporation\_\_\_\_\_ Years in business\_\_\_\_\_

**BANK REFERENCES:**

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

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

Account No:\_\_\_\_\_ Telephone No:\_\_\_\_\_

Average in figures only:\_\_\_\_\_ Secured Loans? If so, what is the Collateral?\_\_\_\_\_ D & B Rating:\_\_\_\_\_

**\*Please return by fax to: 440-349-1553**