

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**