

## PHONE: 970.242.1240 • FAX: 970.241.1368

P.O.BOX519 • GRANDJUNCTION, COLORADO 81502

Please complete and e-mail this document to ap@munrosupply.com.

Name of Firm or Individual Billing Address		Federal I.D. or S.S.N.  Street Address		
Fax	Years in Business	Email		
	Billing Contact			
☐ Subject to Sales Tax (Resale or exempt cert. must be attached)			P.O.'s Required? □ Yes □ No	
INFORMATION MUS	T BE PROVIDED. IT WILL BE HELD IN T	HE STRICTEST CONFI	DENCE	
·			☐ Government	
1. Name(s) of Principal(s) Complete Address 2.		Zip	Phone	
Bank Address				
	Phone			
		Phone	Fax	
Complete Address				
Complete Address				
·				
	Fax  Resale or exempt c  INFORMATION MUS  Company  Complete A	State Zip City  Fax Years in Business  Billing Contact  Resale or exempt cert. must be attached)  INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN T Company	State Zip  City State Zip  Fax  Years in Business Email  Billing Contact  Resale or exempt cert. must be attached)  INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENTION OF Individual  Company  Complete Address  Zip  Bank Address	

Terms are net, due 30 days following the date of invoice. A finance charge is computed on a periodic rate of 2% per month, which is an annual rate of 24%, on any previous balance not paid within 30 days (minimum service charge of 50¢). Customer agrees to pay all costs of collection and a reasonable attorney's fee if the account becomes delinquent and is referred for collection. All claims and returns must be accompanied by the proper invoice.

Complete Terms of Sale are available at: www.munrosupply.com/terms-of-sale