



3019 Darnell Road, Philadelphia, PA 19154  
www.UniformSpec.com · 800-426-3291

# Credit Application

New \_\_\_\_\_ Change \_\_\_\_\_

Please allow up to 5 business days before account is approved, activated or updated

**Mail:** McDonald Uniforms, 3019 Darnell Road, Philadelphia., PA 19154 OR **Fax:** 215-673-0607

**Please fill out completely. Accurate information will help expedite the credit application process. Insufficient information may cause a delay.**

Name of Person filling out Credit Application \_\_\_\_\_ Date \_\_\_\_\_

Legal Name \_\_\_\_\_ D/B/A \_\_\_\_\_

Business Type: Municipality \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Individual/Sole Prop. \_\_\_\_\_ Other \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail \_\_\_\_\_

Tax ID # \_\_\_\_\_ Sales Tax Exempt: YES \_\_\_ NO \_\_\_ If Yes, please submit a copy of certificate Exemption # \_\_\_\_\_

Will your Municipality/Company require McDonald Uniforms W-9? YES \_\_\_ NO \_\_\_ If Yes, where do we send it? \_\_\_\_\_

Accounts Payable Billing Address \_\_\_\_\_

A / P Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax # \_\_\_\_\_

Shipping Address \_\_\_\_\_

Point of Contact \_\_\_\_\_ Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Authorized Purchasers: Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Does your Municipality/Company REQUIRE Quotes in order to submit a Purchase Order? YES \_\_\_ NO \_\_\_

Is a Purchase Order Number REQUIRED in order to proceed with your order(s)? YES \_\_\_ NO \_\_\_

Please select the appropriate methods of ordering and payment: CIRCLE ALL THAT APPLY BELOW

Purchase Order    Purchase Order Required    Verbal Authorization OK    Walk In    Credit Card    Other: \_\_\_\_\_

Do you want to set up an online UniformSpec Private Store? YES NO If YES, who is the contact? \_\_\_\_\_

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Do you want your orders shipped to you? YES \_\_\_ NO \_\_\_ If Yes, Do you require an additional PO for shipping charges if applicable? YES \_\_\_ NO \_\_\_

Will you pick up your orders? YES \_\_\_ NO \_\_\_ Do you want partial deliveries? YES \_\_\_ NO \_\_\_ Do you want orders shipped complete? YES \_\_\_ NO \_\_\_

Requests / Notes / Changes:

**By completing and signing this document you are authorizing McDonald Uniforms to check reference(s) and you agree to payment terms of NET 30 days on all outstanding amounts. You Municipality/Company agrees to pay an Overdue Charge of 1.5% per month on all past due amounts. Your signature below is agreement to these terms. If account is delinquent, orders may be placed on hold until payment is made.**

Internal Use Only

Approved and Updated by: \_\_\_\_\_ on \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ Initial \_\_\_\_\_