



MWD LOGISTICS

Account Application

**P.O. Box 938 Mansfield OH 44901
(419) 522-3510, (419) 522-3512 Fax**

Name of Organization _____

Billing Address _____
Street

_____ City State Zip

Phone _____ **Fax Phone** _____

Number of Employees _____

Street Address (If Different) _____
Street

_____ City State Zip

Corporation _____ **Federal ID#** _____ **Partnership** _____ **Individual** _____

If Not A Corporation:

Principal Name _____ **Address** _____

Phone _____ **Soc. Sec #** _____

Credit References

1. _____ **Phone** _____ **Account #** _____

2. _____ **Phone** _____ **Account #** _____

3. _____ **Phone** _____ **Account #** _____

Bank _____ **Checking Account #** _____

Is A P.O. Required _____ **Tax Exempt #** _____

Persons Authorized To Charge _____

Signature _____ **Date** _____