



MEGA SUPPLY CORPORATION
CUSTOM PACKAGING AND SUPPLY PROGRAMS

New Account Information

Account Name: _____

Account Bill To Address: _____

Account Ship to Address: _____

Phone# () _____ Fax# _____

Accounts Payable Contact: _____ Phone# _____

Charge _____

(Must have completed credit app.)

C.O.D. _____

Sales Tax ID# _____ Exp Date: _____

(Must have a copy of certificate)

Sales Person: ONLINE Set up by : _____

* This form will not be processed if all the information is not included.