

6332 Flank Drive Harrisburg, PA 17112-2700 Ph. (413) 310-4465 northeastmachinerysales.com

PARTS REQUEST FORM

PLEASE EMAIL COMPLETED FORM TO INSIDE SALES PARTS@NORTHEASTMACHINERYSALES.COM

Have you purchased fr	om us before?	YES NO				
IF NO, PLEASE FILI	L OUT PAGE 2	AS WELL				
Company Name:			Date:			
Address:			L		-	
			Telepho	Telephone:		
			Fax:			
Accounts Payable Conta	ıct:					
Contact Name:				Telephone:	-	
Email:				Fax:		
Billing Address:				1		
AP Manager:	En	nail:		Telephone:		
Parts being requested: Manufacturer Name:	Madina	Machine Serial	П.	D- 4#	- Constitution	
Manufacturer Name:	Machine:	Machine Serial	#:	Part #:	Quantity:	
Comments/Description:						
Customons Simultonia		т)ata.			
Customers Signature:		Г	Jaie:			
Customer's Printed Name	:					



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Credit Application FORM

PLEASE ATTACH W-9 WHEN SENDING FORM BACK

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Title	Date business commenced	
Company name	☐ Sole proprietorship	EIN#
Phone	□ Partnership	Sales Tax #
E-mail	☐ Corporation	
Registered company address	□ Other	
City, State ZIP Code		
BUSINESS AND CREDIT INFO	RMATION	
City, State ZIP Code	Bank name:	
How long at current	Primary business address	
address?	City, State ZIP Code	
Phone	Phone	
Fax	Account number	
E-mail	Type of account	☐Savings ☐ Checking ☐ Other
BUSINESS/TRADE REFERENC	ES .	
Company name	Phone	
Address	Fax	
City, State ZIP Code	E-mail	
Type of account	Other	
Company name	Phone	
Address	Fax	
City, State ZIP Code	E-mail	
Type of account	Other	
Company name	Phone	
Address	Fax	
City, State ZIP Code	E-mail	

Signature

- 1. All invoices are to be paid 20 days from the date of the invoice.
- 2. Claims arising from invoices must be made within seven working days.
- 3. By submitting this application, you authorize Northeast Machinery Sales to make inquiries into the banking and business/trade references that you have supplied.