



## New Account Application

### Company Information

Company Name		Phone	Website
Billing Address			
City	State	ZIP	
Shipping Address			
City	State	ZIP	
Type of Business	DBA (if applicable)		
Year Founded	Monthly Statement Required <input type="checkbox"/>	Purchase Order Required <input type="checkbox"/>	
Federal Tax ID #	Preferred Invoice Delivery <b>Mail</b> <b>Email</b>		
Purchasing Contact	Purchasing Phone		
Purchasing Email	Purchasing Fax		
A/P Contact	A/P Phone		
A/P Email	A/P Fax		
1. Owner/Officer Name	Title		
2. Owner/Officer Name	Title		

### Trade References **EMAIL AND OR FAX NUMBER REQUIRED TO PROCESS**

1. Company Name		Contact	
Phone	Fax	Email	
2. Company Name		Contact	
Phone	Fax	Email	
3. Company Name		Contact	
Phone	Fax	Email	

Please complete and submit form to [newaccounts@mrjohnpit.com](mailto:newaccounts@mrjohnpit.com), 412-927-1290 fax

If you have any questions, please contact your sales representative at 412-771-6330