



Monroe Specialty Company, Inc.

Dealer Application

How did you find out about us? _____

MSCI Products would you like to sell : **Medical ID** **Pet ID** **Brass Nameplates** **Other**

Instructions: Please fill in the form, sign, date, and fax to us at 877-235-0179 or mail to us at: Monroe Specialty Company, Inc. * P.O. Box 740 * Monroe, WI 53566-0740

Business Name: _____

Business/Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Tax ID # _____

Shipping Address (Complete if different from the Business Information)

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Information

Owner / President: _____ Phone: _____ Fax: _____

Email: _____

Contact for pricing/product updates: _____ Phone: _____

Fax: _____ Email: _____

Bank Reference

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Account Number: _____

Credit References

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Account Number: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Account Number: _____

**PO Box 740 * 3200 13th Street
Monroe, WI 53566
608-328-8381 fax: 877-235-0179**



Monroe Specialty Company, Inc.

General Information

How would you classify your facility? _____

How long have you been in business? _____

Do you have branches? Yes / No If yes, how many? _____

Locations:

1. _____
2. _____
3. _____
4. _____
5. _____

Credit Card Information (Credit Cards will be charged on overdue accounts.)

Credit Card: (Choose One) Master Card / Visa / Discover

Credit Card Number: _____ Expiration Date: _____

CCV Code (3 digit code from back of card) _____

Name on Card: _____

Address Information (Complete if different from the Business Information)

Credit Card Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Discounts & Policies:

- 2% discount for net 10d payment. (Must be requested with each remittance.)
- No return on custom stamped/engraved items.
- 30 day product repair/replacement guarantee on material and workmanship.
- Invoices past due (>31days) will be assessed a 1.5% penalty per month.
- Invoices will be charged to credit cards on file after 44 days.
- Invoices will be assessed a \$25 late fee after 44 days.
- Accounts with invoices due over 60 days will be frozen.
- Invoices due over 90 days will be sent to collections.
- Discounts & Billing Policies subject to change.

I acknowledge the above discounts and policies. I will not share Monroe Specialty Company, Inc. wholesale pricing lists with 3rd parties. I certify the information provided by me on this application to be complete and correct to the best of my knowledge.

Owner's Signature _____ Date _____

For Internal Use Only

Account Number _____

*PO Box 740 * 3200 13th Street
Monroe, WI 53566
608-328-8381 fax: 877-235-0179*