



New Customer Survey

Business Name:

Owner Name:

Ship to Address:

City: State: Zip:

Country:

Bill to Address:

City: State: Zip:

Country:

Phone: Fax: Email:

Type of Customer:

Warehouse Distributor Industrial Supplier Online Seller Mobile Seller Corporate HQ., Automotive

Other (Please Describe):

Please send the following resources:

Latest 16 Page Highlights New Customer Package: Include the following: Credit Application, Line Card, and MTS Policies
 Latest Highlights Plus Web Site Instructions
Other Items:

Info Collect by: Collection Date:

MTS Representative:

Indicate the following: Jobber M3 M9 M10 (Check One)

Commission
Sales Representatives 1: Percent One
Sales Representatives 2: Percent Two

Approved by: Approval Date:

Scan and send via e-mail or fax it to: 814-944-5246
dean.miller@midstatetool.com

Make Sure You PRINT a copy for your records