



Max Finkelstein, Inc.
28-40 31st Street
Long Island City, NY 11102

Phone:800-394-4767
Fax:718-777-6244

www.maxfinkelstein.com

Business Account Application - COD

(For COD by Company Check or Cash)

Full Legal Name / Business Entity: _____

Doing Business as (DBA) _____

Billing Address: _____ City _____ ST. _____ ZIP _____

Business Telephone: _____ Fax Number: _____

Company Type: () Proprietorship () Partnership () Corporation () LLC

Bank Name: _____

Address _____ St. _____ Zip _____

Account # _____ Contact _____ Phone # _____

Federal ID#: _____ Resale Tax ID#: _____

Owner mobile number _____ email address: _____

Number of employees: _____ Average On-Hand Inventory: \$ _____ Est. Monthly Purchases \$ _____

TERMS OF SALE AGREEMENT
All checks returned to MFi will be subject to a \$50 return check fee.
Any applicant that has a check returned to MFi more than twice shall be placed on a permanent CASH ONLY basis.
I hereby authorize Max Finkelstein Inc. to contact my bank references to verify the information provided above.

SIGNATURE _____ DATE _____

OWNER/APPLICANT NAME _____ TITLE _____