



mk North America, Inc.
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Customer Account Maintenance

Form Completed By:

Bill To

Company Name:

Address:

Address (Line 2):

City:

State:

Zip:

Country:

Company Main Phone:

Ship To

Company Name:

Same as Sold To Address? Yes

Address:

City:

State:

Zip:

Country:

Phone:

Company Contacts

Purchasing Information

Contact:

Telephone:

Email Address:

Email Address for Invoices:

Email Address for Statements:

Accounts Payable Information (REQUIRED)

Contact:

Telephone:

Email:

Logistics Information

Contact:

Telephone:

Email:

Would you like to provide a UPS or FedEx number for packages shipping to your company? If, so indicate account number:

For Companies Outside the USA

Do You Have A Broker: Yes No

If yes, Contact:

Telephone:

Email:

Completed forms, along with a copy of your W-9 and tax exempt certificate, should be emailed to: Accounting@mknorthamerica.com.

To Be Completed By mk North America

mk Contact:

Sales Representative: Yes No

Credit Date

Credit Score:

Rep Name:

Terms:

W-9 Received:

Referred By:

Sales Tax Received:

Customer Type:

Account Number:

Call (860) 310-2420 with any questions about this form.

Thank you for your business and for completing this form.

Please be assured, we do not share or sell your information.