



MAYLAND GROUP CORP

www.maylandcabinet.com

NEW ACCOUNT APPLICATION

1.ACCOUNT REGISTRATION

Company Name:	
Website:	Tel:
Street Address:	Fax:
City, State & Zip:	

2.BUSINESS INFORMATION

Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	
Number of Years Under Present Ownership:	
Full Name of Principals: Complete Corporate Officers, Partners, Owners, Etc	
Owner	
Contact Name 1:	
Contact Name 2:	
Check One Best Describing Your Business	
<input type="checkbox"/> Wholesaler <input type="checkbox"/> Store Retailer <input type="checkbox"/> Internet Seller <input type="checkbox"/> Contractor	
Seller's Permit No.	Contractor License No

3.APPLICANT INFORMATION

Full Name:	Tel:
Occupation/Title:	Cell:
Email Address:	With Business Since:
How Did You Hear About Mayland:	

4.ADDITIONAL INFORMATION

Current Supplier(s):	
Monthly Purchase:	Monthly Sales:

5.AUTHORIZATION

Print Name:	
Signature:	Date:

6.FOR MAYLAND OFFICE USE ONLY

Application Approved By:
Customer ID Number:
Online Login: Y / N