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New Account Information for Educational and Non Profit Organizations

Date: _____

Please complete this form and attach a copy of your organization's tax exempt certification and fax or mail it to "New Accounts" at the address above.

1. Organization Name: _____
2. Program Name (if different): _____
3. Contact Person: _____
4. Title: _____
5. Telephone: _____
6. Fax: _____
7. Email Address: _____

8. Type of organization. Circle one: Non-profit Government Educational Other

9. Fed EIN#: _____

10. State sales tax exemption ID #: _____

11. What does your organization do or provide? _____

12. How long has your organization been in existence? _____

13. How long has your organization been located at your current address? _____

14. Organization Address:

MSO Distributing LLC
New Account Information for Educational and Non Profit Organizations
Page 2

15. Accounts Payable Contact:

Name: _____

Telephone: _____

16. Billing Address (If different from line 14):

17. Shipping Address (If different from line 14):

(Note: You must attach to this form a copy of your organization's tax exempt certification for new account processing.)

Thank you for your interest in our products!