



Distributor Application Form

Please use this form to apply for a new account with M2 Professional Cleaning Products Ltd. by mail or fax. You will receive confirmation after submission with details of your account. Follow-up by regular mail or phone may be necessary. **Note:** Orders will be cash in advance until credit is approved.

M2 Account Number:

Company Name:	Owners/Pres. Name:
Company Tel.:	Company Fax:
Mailing Address:	Ship to address if multiple ship to:
City/Prov/State	City/Prov/State:
PC/Zip:	PC/Zip:
Country:	
Company Email :	Position/Title:
Sales Tax # / Fed. ID:	HST # (Canada only):

Invoice Information:

Accounts Payable:

First Name:	Last Name:
Email:	
Tel. Number:	Fax Number:

Purchasing Department

First Name:	Last Name:
Email:	
Tel. Number:	Fax Number:

Sales Manager

First Name:	Last Name:
Email:	
Tel. Number:	Fax Number:

Others

First Name:		
Last Name:	Title:	
Email:		
Tel. Number:	Fax Number	

If you are a member of a buying group

First Name:	Last Name:	
Name of Buying Group:		
Contact Person:		
Address:		
City/Prov/State:	PC/Zip:	
Email:		
Tel. Number:	Fax Number:	Country:

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www.m2mfg.com





Credit Application

Please use this form to apply for a new account with M2 Professional Cleaning Products Ltd. by mail or fax. You will receive confirmation after submission with details of your account. Follow-up by regular mail or phone may be necessary. **Note:** Orders will be cash in advance until credit is approved.

Company Information:

Company Name: _____

Company Phone: _____ Company Fax: _____

Street Address: _____ Mailing Address: _____

City Prov./State: _____ Postal Code/Zip: _____

Sales Tax # _____ Fed. ID: _____ HST # (Canada only) _____

Provincial Sales # _____ Dun & Bradstreet # _____

Your Name: _____ Position/Title _____

Telephone: _____ Best Time to Call: _____

Email: _____

Accounts Payable Contact: _____ Purchasing Contact: _____

Trade Reference Information:

① Name: _____

Address: _____ Account Number: _____

City Prov./State: _____ Postal Code/Zip: _____

Point of Contact _____

Phone Number: _____ Fax Number: _____

② Name: _____

Address: _____ Account Number: _____

City Prov./State: _____ Postal Code/Zip: _____

Point of Contact _____

Phone Number: _____ Fax Number: _____

③ Name: _____

Address: _____ Account Number: _____

City Prov./State: _____ Postal Code/Zip: _____

Point of Contact _____

Phone Number: _____ Fax Number: _____

Bank Information:

Name: _____

Address: _____ Account Number: _____

City Prov./State: _____ Postal Code/Zip: _____

Point of Contact: _____

Phone Number: _____ Fax Number: _____

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