



Phone: 562-694-8888 | Fax: 562-245-7103 | Website: www.compressorservice.us | CA Lic. # 475182

New Customer Setup Packet

Dear Valued Customer,

Thank you for choosing Machinery Component Sales & Service, Inc. We appreciate the opportunity to support your compressed air equipment needs.

To help us set up your customer account and ensure accurate billing and service requests, please complete the forms included in this packet.

This packet includes the following:

- Customer Information Form
- One-time Credit Card Authorization Form

Once completed, Please return the forms to: Mcservice@verizon.net

If you have any questions while completing the forms, please feel free to contact us!

Company Information:

Physical Address:

Machinery Component Sales & Service, Inc.
326 E. 2ND Ave.
La Habra, CA 90631

Remittance Address:

Machinery Component Sales & Service
P.O. Box 609
La Habra, CA 90633

Contacts:

Parts & Service

Bill Ingham
Elias Madrigal
562-694-8888
Mcservice@verizon.net

Account Receivable:

Kathia Carrillo
562-694-8888
Mcservice@verizon.net
Please contact for ACH details

Invoices Sent From:

quickbooks@notification.intuit.com

For billing questions, please contact Accounts Receivable.

Machinery Component Sales & Service, Inc

326 E. 2nd Ave. La Habra, Ca 90631 | Remit: P.O. Box 609
Phone: 562-694-8888 | Fax: 562-245-7103

Customer Information Form

This Form is for customer information and account setup only. It is not a credit or net-terms application

Company Information

Legal Business Name: _____ DBA: _____

Business Type: _____

Year Established: _____ EIN/Tax ID: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Purchase Order Required: Yes No Payment Preference: Check Card ACH/Wire

Contact Information

A/P Contact: _____ A/P Email: _____

Phone: _____ Ext: _____ Fax: _____

On-Site Contact: _____ Email: _____

Phone: _____ Ext: _____ Fax: _____

On-Site Contact #2: _____ Email: _____

Phone: _____ Ext: _____ Fax: _____

Authorization

I certify that the information provided above is accurate and should replace the existing information on file for this account.

Authorized Representative: _____ Title: _____

Signature: _____ Date: _____

Machinery Component Sales & Service, Inc.

326 E. 2nd Ave. La Habra, Ca 90631
P: 562-694-8888 | F: 562-245-7103

One-Time Credit Card Processing Authorization Form

Please sign and complete this form to authorize Machinery Component Sales & Service, Inc. to process a one-time charge to the credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the specified date. This authorization is for a single transaction only and does not permit any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize Machinery Component Sales & Service,
(Full Name)
Inc. to charge my credit card indicated below for \$ _____
(Amount)
plus a 3% processing fee on or after ____/____/____. This payment is for
(Date)

(Description of goods / services)

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder's Name:	_____			
Card Number:	_____			
Expiration Date:	_____	CVV:	_____	

Signature: _____ Date: _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.

Please ensure that all information is accurate to avoid delays