



GROSSMAN MARKETING GROUP

A CENTURY OF *Excellence* EST. 1910

Company Name: _____

Phone: _____

Address: _____

Fax: _____

Email: _____

Contact: _____

We welcome the opportunity to establish a business relationship with your company. If you would like to have an open billing account with Grossman Marketing Group on a Net 30 day basis, provide us with four trade references (companies that you purchase products or services from). **Banks, landlords, utilities and insurance carriers are not acceptable.** Please do not leave anything blank and fax this back to us ASAP at 617-623-8058 Attn: _____.

Inaccurate information, i.e. wrong phone numbers, will slow down the process. Since most requests must be in writing, please give us your supplier's FAX number.

If you are tax exempt, please send or fax us the appropriate tax exempt forms, as we will need them before processing your order. For example in MA, we will need your ST-2 & ST-5 for a Not-For-Profit; or ST-4 for resale.

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

Type of Business: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

Type of Business: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

Type of Business: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact: _____

Type of Business: _____

Thank you for your prompt attention to this matter We look forward to working with you in the near future.

Your Grossman Marketing Group contact person is: _____