Account Registration Form

McDONALD UNIFORMS
3019 Darnell Road, Philadelphia, PA 19154
www.UniformSpec.com · 800-426-3291

New ☐ Change ☐

Please allow up to 5 business days before account is approved, activated or updated

****** ******* E-Mail Completed Account Application to **service@mcdonalduniforms.com** ****** *******

Please fill out completely. Accurate information will help expedite the account application process. Insufficient information may cause a delay.

Name of Person filling out New Account Application _____ Date _____

Legal Name _____ D/B/A _____

Business Type: Municipality ☐ Corporation ☐ Partnership ☐ LLC ☐ Individual/Sole Prop. ☑ Other _____

Phone # _____ Fax # _____ E-Mail _____

Tax ID # _____ Sales Tax Exempt: YES ☐ NO ☑ If Yes, please submit a copy of certificate Exemption # _____

Will your Municipality/Company require McDonald Uniforms W-9? YES ☑ NO ☐ If Yes, where do we send it? _____

Accounts Payable Billing Address _____

A / P Contact Name _____ Phone # _____

Invoices to be emailed to: _____ &/or _____

****** *Beginning 2023, we will only e-mail invoices. We will not be mailing printed invoices* ******

Shipping Address _____

Point of Contact _____ Phone # _____ E-Mail _____

Authorized Purchasers: Name _____ Phone # _____ Email _____

Name _____ Phone # _____ Email _____

Name _____ Phone # _____ Email _____

Does your Municipality/Company REQUIRE Quotes in order to submit a Purchase Order? YES ☐ NO ☐

Is a Purchase Order Number REQUIRED in order to proceed with your order(s)? YES ☐ NO ☐

Please select the appropriate methods of ordering and payment: CIRCLE ALL THAT APPLY BELOW

Purchase Order ☐ Purchase Order Required ☐ Verbal Authorization OK ☐ Walk In ☐ Credit Card ☐ Other: _____

Do you want to set up an online UniformSpec Private Store? YES ☐ NO ☐ If YES, who is the contact? _____

Phone # _____ E-Mail _____

Do you want your orders shipped to you? YES ☐ NO ☐ If Yes, Do you require an additional PO for shipping charges if applicable? YES ☐ NO ☐

Will you pick up your orders? YES ☐ NO ☐ Do you want partial deliveries? YES ☐ NO ☐ Do you want orders shipped complete? YES ☐ NO ☐

Do you give McDonald Uniform Company permission to use any image they may take of your department's uniform in the production process—which may include the department's logo, patch, or other insignia—for marketing purposes? YES ☐ NO ☐

By completing and signing this document you are authorizing McDonald Uniforms to check reference(s) and you agree to payment terms of NET 30 days on all outstanding amounts. Your Municipality/Company agrees to pay an Overdue Charge of 1.5% per month on all past due amounts. Your signature below is agreement to these terms. If account is delinquent, orders may be placed on hold until payment is made.

Authorized Signature: _____ on ____ / ____ /20____ Initial _____

Internal Use Only
Approved and Updated by: _____ on ____ / ____ /20____ Initial _____