



Dear New Vendor,

Thank you for choosing to work with Professional Industrial Cleaning Services LLC.. We are committed to building a strong, reliable partnership and providing high-quality service and support. This packet includes all the necessary information to get started with us. Please review and complete the required forms so we can establish your account in our system. The required information below is required for new accounts. All Invoices are sent via email, we accept most payment methods (e.g., check, ACH, credit card) all credit card payments are subject to a 3% transaction fee.

Payment Terms are NET 30 for all New Vendors subject to credit approval. Customers who do not wish to apply for a credit line are subject to a 20% Deposit of quoted price due at time of scheduling with remaining balance due upon completion of work.

Required Documents

- Updated W-9 Form
- Certificate of Insurance
- Credit Application / Vendor Form

If you have any questions, please don't hesitate to contact us at (219) 329-0437 or bmusso@picsmidwest.com.

We look forward to working with you.

Sincerely,

D. Brenda Musso

My direct number is (219) 329-04237

2901 E Dunes Hwy. Gary, IN 46402

Bmusso@picsmidwest.com

COO, Professional Industrial Cleaning Services



CUSTOMER CONTACT FORM

COMPANY BILLING INFORMATION

COMPANY NAME: _____

BILL TO ADDRESS: _____

PROJECT COORDINATOR CONTACT

CONTACT NAME: _____

TITLE/ROLE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PREFERRED CONTACT METHOD: _____

ACCOUNTING DEPARTMENT CONTACT (REQUIRED)

CONTACT NAME: _____

TITLE/ROLE: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

PREFERRED CONTACT METHOD: _____

INVOICE SUBMITTAL EMAIL (IF DIFFERENT FROM ABOVE): _____

INVOICE SUBMITTAL PROCESS

IS A PO REQUIRED? YES _____ NO _____

PO PROCESS: _____

PO CONTACT NAME: _____

TITLE/ROLE: _____

EMAIL ADDRESS: _____

PLEASE RETURN COMPLETED FORM TO BMUSSO@PICS MIDWEST.COM



VENDOR CREDIT APPLICATION

Standard Terms: Net 30 (unless agreed upon in writing)

Company Information

Legal Business Name: _____

DBA (if applicable): _____

Type of Business: _____

Years in Business: _____

Federal Tax ID (EIN): _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Website: _____

3. Bank Reference (Optional)

- Bank Name: _____
- Account Number: _____
- Bank Contact Name: _____
- Bank Phone: _____

4. Trade References (2-3 Required)

Company Name: _____

Contact: _____ Phone: _____ Email: _____



Company Name: _____

Contact: _____ Phone: _____ Email: _____

Company Name: _____

Contact: _____ Phone: _____ Email: _____

5. Credit Request

Requested Credit Limit: \$_____

Credit Terms Agreement

Standard payment terms are Net 30, unless otherwise agreed upon in writing with a signed contract.

Late Fees:

- 2% late fee on balances over 30 days
- Additional 3% after 60 days
- Additional 5% after 90 days

Balances unpaid beyond 120 days may be subject to legal action, including property liens or personal liens. The applicant agrees to pay all reasonable attorney's fees, collection costs, and court fees associated with recovering unpaid balances.

Authorized Signature

- Signature: _____
 - Printed Name: _____
 - Title: _____
 - Date: _____
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