***Manufacturer Contact Form:***

The following individual will receive all correspondence from MPI and will be responsible for distributing the information to all involved parties within the applicant’s organization. Please print, complete and include with listing application.

|  |  |
| --- | --- |
| ***Name:*** |  |
| ***Position/Title:*** |  |
| ***Company Name*** |  |
| ***Address:*** |  |
|  |  |
| ***Phone:*** |  |
| ***Fax:*** |  |
| ***Email:*** |  |

***Contact Person for Invoicing (who do we invoice?)***

|  |  |
| --- | --- |
| ***Name:*** |  |
| ***Position/Title:*** |  |
| ***Company Name*** |  |
| ***Address:*** |  |
|  |  |
| ***Phone:*** |  |
| ***Fax:*** |  |
| ***Email:*** |  |

Please address any questions, correspondence or shipments to:

Terrance Mayes, Technical Specialist at MPI terrance.mayes@mpi.net / 740 438 6608