



Customer Setup / Change

Action: Add Change Delete

Customer Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Fax Number: _____ Email Address: _____

AP Contact: _____ AP Phone Number: _____

Invoice Delivery: Email Fax Mail

Requested Terms: Cash Advance Due Upon Receipt Net 30

Tax Status: Taxable Exempt Buyer Resale

Note: A properly completed exemption certificate MUST be attached for all tax exempt customers.

Sales Representative: _____ Territory: _____

Notes:

****A credit application must be submitted for all new customers.**



Credit Application

Customer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

A/P Contact: _____ Phone Number: _____

D&B Number: _____ Federal Tax ID: _____

Bank Information:

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone Number: _____

Account Number: _____ Fax Number: _____

Trade References:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone Number: _____

Account Number: _____ Fax Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone Number: _____

Account Number: _____ Fax Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone Number: _____

Account Number: _____ Fax Number: _____

****A credit application must be submitted for all new customers.**