

NEW CUSTOMER SET UP FORM

SECTION I: CUSTOMER AND INFORMATION

Control No.

10001

Customer Code: _____ Date: _____

Customer Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Person: _____ Title: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____ Web Site: _____

Fed Tax ID: _____ D-U-N-S Number: _____

SIC Code: _____ NAICS Code: _____ Industry: _____

Business Start Date: _____ State of Incorporation: _____ No. Employees: _____

Description of Business: _____

SECTION II: ACCOUNTING SETUP & PAYMENT DEFAULTS

Credit Terms: _____ Credit Limit (\$): _____

G/L A/R Account: _____ G/L Sales Account: _____

Payment Preference: Check Wire/ACH Credit Card Cash

Credit Card on File: _____
Name on Card: _____ Type: Visa, MC, AMEX, Disc (Circle One)

Account: ____/____/____ Exp Date: ____/____ Security Code: _____

Other instructions: _____

SECTION III: PURCHASING CONTROLS

Authorized person(s) to place order: (1) _____

(2) _____

Purchase order required (Y/N): _____ Blanket orders (Y/N): _____ Limit (\$) per order: _____

SECTION IV: REFERENCES & OTHER DOCUMENTATION

Trade or bank references: _____ D&B credit report: _____ W-9 form: _____

SECTION V: APPROVALS

Controller/Finance Officer

Name: _____ Signature: _____ Date: _____

Sales Manager

Name: _____ Signature: _____ Date: _____