

**Customer Setup / Credit Application**

Date: \_\_\_\_\_

Sales Rep: \_\_\_\_\_ (Velvac use) Territory: \_\_\_\_\_ Cust# \_\_\_\_\_

Company name: \_\_\_\_\_

Phone# ( ) - \_\_\_\_\_ Fax# ( ) - \_\_\_\_\_

Principals: \_\_\_\_\_

Purchasing contact name: \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_

A/P contact name: \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_

Email for invoices & statements: \_\_\_\_\_

Description of business: \_\_\_\_\_

Federal ID# \_\_\_\_\_ Number of years in business: \_\_\_\_\_

**Required:** Does your company sell or ship/distribute any product for export outside of the U.S. or Canada?  Yes  No

**Billing address:**

**Shipping address:**

Street address: \_\_\_\_\_ Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Estimated yearly purchases: \$ \_\_\_\_\_ Setup for online B2B ordering?

**Suppliers** (Minimum of 4 required)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phone# ( ) - \_\_\_\_\_ Fax# ( ) - \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_ Fax# ( ) - \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Street address: \_\_\_\_\_ Street address: \_\_\_\_\_

City, state, zip: \_\_\_\_\_ City, state, zip: \_\_\_\_\_

Phone# ( ) - \_\_\_\_\_ Fax# ( ) - \_\_\_\_\_ Phone# ( ) - \_\_\_\_\_ Fax# ( ) - \_\_\_\_\_

\*\*\*\*\*Please attach a copy of your state sale tax exemption certificate\*\*\*\*\*

***This section to be completed by Territory Sales Rep (see Procedures SP-0002 for chart)***

Customer Class	Code	Sub Class	Description

***For Velvac use only***

*This section to be completed by Sales Manager*

Warehouse	Price List	Discount List	Prepaid Freight	Sales Mgr Approval

*For credit department use only*

Credit Code	Credit Limit	Signed	Date
	\$ _____		