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New Account Set-Up Form

This information is necessary to set up a new account. If it is incomplete initially, the missing data must be provided as soon as possible. If information requested is not applicable, type n/a.

COMPANY INFO FOR BILLING

Company Name: _____

Billing Contact: _____

Company Street Address: _____

City, State, Zip Code: _____

Company Phone Number: _____

Company Fax Number: _____

Company Web Address: _____

CONTACT INFO

Contact Name: _____

Contact Title/Department: _____

Contact Phone (if different): _____

Contact Fax (if different): _____

Contact Cell: _____

Contact E-mail: _____

ADDITIONAL INFORMATION

Estimated Annual Sales: _____

Will a P.O. Be issued? Yes/No: _____

of Employees: _____

Sales Taxable? Yes/No: _____

UPS Acct. #: _____

Tax Certificate Turned In? Yes/No: _____

FedEx Acct. #: _____

If No, when will certificate arrive: _____

3rd Party? Yes/No: _____

(Account will be listed as taxable until a valid Ohio resale or exemption certificate is received.)

Suggested Payment Terms: _____

Pre-Payment On Receipt Net 10 Net 30 Deposit/Net Terms

Anticipated Method of Payment: _____

Credit Card Cash Check ACH

Please Check One: _____ Embroider/Silkscreen _____

_____ Promotional Products _____

_____ Uniform Companies _____

FOR COLOR 3 USE ONLY

Account #: _____

Date: _____