



## Wholesale New Account Setup Form

Billing Business Name: \_\_\_\_\_

Main Contact Name & Title: \_\_\_\_\_

Main Contact Email & Phone #: \_\_\_\_\_

Additional Contacts info: \_\_\_\_\_

AP Contact Name, Email, Phone #: \_\_\_\_\_

Billing Business Address: \_\_\_\_\_

City/State/Zip Code/Country: \_\_\_\_\_

Rep Name: \_\_\_\_\_ Secondary Rep Name: \_\_\_\_\_

### Shipping Information If Different than Billing:

Shipping Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Receivers Shipping # (if applicable) \_\_\_\_\_

If out of the US, please provide Freight Forward Information, contact and instructions:

\_\_\_\_\_  
\_\_\_\_\_

### Payment Information:

Net 30 terms: \_\_\_\_\_ (Credit Application must accompany this form)

Prepay terms: \_\_\_\_\_ (Required for out of the US customers)

Credit Card Billing Address, email, phone # (required) \_\_\_\_\_

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_ EXP DATE: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

*By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of this personal information.*

Sales Representative Name: \_\_\_\_\_

Internal Section Notes:

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