



Account Setup Form

Company Information			
Legal or Corporate Name of Business		Federal Tax ID #:	
D/B/A Name of Business (if different than above)		Year Established	Length of Ownership
Contact Name	Business Telephone #	Business Fax #	
Billing Address	City	State	Zip Code
Shipping Address (if different than above)	City	State	Zip Code
E-Mail Address	Company Website Address		
Preferred Method of Payment: <input type="checkbox"/> Credit Card (please call with account information) <input type="checkbox"/> Invoice		Preferred Method of Receiving Invoices: <input type="checkbox"/> Fax: <input type="checkbox"/> E-mail:	
Business Type			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> C Corporation – Public	<input type="checkbox"/> C Corporation – Private	<input type="checkbox"/> Ltd Liability Corp
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Tax Exempt	
Company Contacts			
Purchasing Agent	Name	Phone Number	Email Address
Accounts Payable	Name	Phone Number	Email Address
General Manager	Name	Phone Number	Email Address
Reference Information			
Name and Account # of Primary Bank	Banking Address	Banking Contact	Bank Phone Number
Name of Supplier Reference #1	Supplier Address	Business Contact	Bus. Phone Number
Name of Supplier Reference #2	Supplier Address	Business Contact	Bus. Phone Number

Authorized Contact: _____ Title: _____

Signature: _____ Date: _____