

Global Sales Division Customer Application Must be completed to Process Application **Customer Information** Company Name: (Sold To:) Number of years in Business: Address: Statement address same as Customer: (Y or N) Customer Written PO required? YES City/Province: Can order be crated (B1 Print Msg? (Y or N) Country: Postal Code: Federal ID #: State or PST/GSD# Owner's Name: Buyer's Name: Fax # Telephone #: Email Address: Do you need a lift gate Y/N Bank Reference Routing Number: Account Number: Name of Bank: Address:

City/Province:		State/Country:			Postal Code:		
Telephone #		Email Address:			Fax #		
•		•					
Business Trade Reference:	Must Provide 3 Reference						
Name:			Trade Account #	FOR INTERNAL (L USE ONLY		
address:				•	Address Book Info		
City	State/Country:		Postal Code:		Salesman Number		
Telephone:		Fax#		•	Outside Rep (Cat C9)		N/A
Name:		•	Trade Account #		Customer Type:		
address:				•			
City:	State/Country		Postal Code:				
Telephone:		Fax#		•	Customer Master In	<u>fo</u>	
Name:			Trade Account #		Carrier # (B2):		
address:				•	M/L Code (B2):		
City:	State/Country		Postal Code:		M/L Code # 2:	99999-	
Telephone:	•	Fax#		•	Adj Schedule:	Customer	•
•		•			Customer Group (B1):		Level 5
Authorized Signature		Title:			Comm. Code #1 (B2):		
•					Freight Handling Code	(B2):	
Printed Name							
	y a single periodic rate of 1 1/2% per monss). If said percent is greater than the lawfu						