☐ NEW CUSTOMER ACCOUNT
☐ CHANGE TO EXISTING CUSTOMER ACCOUNT

REACTIVATE ACCOUNT:	☐ YES	☐ NO
APPROVED BY:		

DATE:	
CUSTOMER NAME:	
BILL TO NAME:	
STREET ADDRESS:	
CITY:	STATE: ZIP CODE:

SHIP TO NUMBER:	
SHIP TO NAME:	
STREET ADDRESS:	
CITY:	STATE: ZIP CODE:

SALES REP NUMBER:			
SALES REP NAME:			
DIVISION CHANGE:	FROM:	TO:	
APPROVED BY:			
PRICING LIST NAME:			

CUSTOMER CONTACT NAME:	
PHONE NUMBER:	
FAX NUMBER:	
E-MAIL ADDRESS:	
WEBSITE:	

MINIMUM ORDER AMOUNT:		
PREPAID FREIGHT:		
BACKORDERS:	☐ YES	☐ NO
BACKORDERS NOTE:		
CUSTOMER'S SKU REQUIRED	☐ YES	☐ NO

PLEASE NOTE IF ALLOWANCES ARE DEDUCTED FROM INVOICE OR PAYMENT
COPY OF SIGNED VENDOR AGREEMENT REQUIRED

FREIGHT ALLOWANCE:	
DEFECTIVE ALLOWANCE / AGREEMENT:	
NEW STORE DISCOUNT / TERMS:	
CO-OP ALLOWANCE / AGREEMENT:	
RETURN AUTHORIZATION AGREEMENT:	
OTHER SPECIAL ALLOWANCES:	

SALES NOTES:	

RUN CREDIT:	☐ YES ☐ NO
REQUESTED TERMS:	
REQUESTED CREDIT LIMIT:	
ORDER LIMIT:	

FOR ACCOUNTING USE

MINIMUM DUNNING LETTER AMOUNT:	
COLLECTOR:	
APPROVED PAYMENT TERMS:	
APPROVED CREDIT LIMIT:	
PROFILE CLASS:	
ACCOUNTING NOTES:	

ENTERED BY:		DATE:

REV 08-2025