



NEW COMPANY ACCOUNT SETUP FORM

Thank you for the opportunity to be of service! To set up your account and credit with us, please complete the information below and click the submit button on the last page. Or you can download and email the completed form to **credit@setco.com** or fax to (603) 669-8996.

Please contact customer service at (888) 473-9675 if assistance is needed.
Please submit all PURCHASE ORDERS to **customerservice@setco.com**

Company Information (Fields in Red are Required)

Legal Business Name:

DBA:

Website:

Year Established:

Industry:

- | | | |
|-------|-------------|-----------------|
| Type: | Corporation | LLC |
| | Partnership | Sole Proprietor |
| | Nonprofit | |
| | Other: | |

Street:

City:

State:

Zip:

Tax & Registration

Federal EIN:

State Tax ID:

DUNS (Optional):

If your organization is tax exempt, please attach copies all applicable exemption certificates.

Billing, A/P, Invoicing, & Credit

Billing Address Same as Primary?

Street:

City:

State:

Zip:

Primary A/P Contact:

First and Last Name:

Title:

Email:

Phone:

Industry:

Preferred Invoicing Method

Email

Portal

EDI

Mail

Invoice Email:

Invoice Portal URL:

Preferred Payment Method

Company Check

ACH

Credit Card (3% processing fee applies)

Other:

Payment Terms are Net 30 Days Upon Approval

Bank Name:

Branch City:

State:

Zip:

Contact:

Ph:

Email:

Trade References

Company:

Email:

Phone:

Company:

Email:

Phone:

Company:

Email:

Phone:

Contacts**Secondary A/P Contact**

Name: _____ Title: _____
 Email: _____ Phone: _____ Mobile: _____
 Contact Method(s): Email Phone Mobile Text
 Other: _____

Purchasing Contact

Name: _____ Title: _____
 Email: _____ Phone: _____ Mobile: _____
 Contact Method(s): Email Phone Mobile Text
 Other: _____

Additional Contact

Name: _____ Title: _____
 Email: _____ Phone: _____ Mobile: _____
 Contact Method(s): Email Phone Mobile Text
 Other: _____

Shipping Information**Primary Shipping Address (if different from billing address)**

Street: _____
 City: _____ State: _____ Zip: _____

Shipping Address #2

Street: _____
 City: _____ State: _____ Zip: _____

Shipping Address #3

Street: _____
 City: _____ State: _____ Zip: _____

Authorization

I certify that the information provided is true and correct. If credit is requested, I authorize verification of banking and trade references.

Name:

Title:

Email:

Phone:

Signature:

Date:

Have you completed all the sections? If you have a separate document with this information you may email it to credit@setco.com

Completed Application Form

Tax Exemption Certificate(s) (if applicable)

Trade References

Bank References

Setco Internal Use Only

Customer ID:

ERP Entry By:

Date:

Credit Limit

Terms:

Authorized By:

Regional Sales Manager

Sales 2

Sales 3

Thank You!

