



## NEW COMPANY ACCOUNT SETUP FORM

To set up your account and credit with us, **PLEASE DOWNLOAD THIS FORM**, complete the information below, and click the submit button on the last page. **THE SUBMIT BUTTON WILL NOT WORK IF VIEWING ONLINE.** If you completed the form online, download the completed form and email it to **credit@setco.com** or fax to (603) 669-8996. Thank you.

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** 

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

**Purchasing Contact** 

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

**Additional Contact** 

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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** 

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Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Shipping Address #3** 

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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](mailto: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!***

