



New Industrial Customer Account Form Fax To: 1-800-491-6909 Email: Tammie Oliver toliver@rev-a-shelf.com

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Customer Billing Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Fax:** _____

(If Different Than Above:)

Shipping Name: _____

Shipping Address: _____

City: _____ **State:** _____ **Zip:** _____

Sales Account Contact: _____ **Title** _____

Payment Account Contact: _____ **Title** _____

Territory Coverage: _____

Type of Invoice: Mail or Email _____

Comments: _____

Pricing: _____

Projected Monthly Sales: _____

Submitted By : _____ **Date:** _____

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For Rev-A-Shelf Office Use Only:

Payment Terms: _____ **Prepaid Freight Amount:** _____

Customer Type: _____ **Territory:** _____ **Rep:** _____ **Commission %:** _____

Customer Account Number: _____ **Date:** _____ **By:** _____ **Credit Limit:** _____

Credit Approval: _____ **Date:** _____

V.P. Sales/GM Approval: _____ **Date:** _____