

NEW ACCOUNT SETUP



CALL FOR MORE INFO 1.866.940.0696

Please include a copy of your customer reseller permit with this completed form

Billing Information			
NAME		DATE	
ADDRESS	CITY	STATE	ZIP
PHONE	FAX	E-MAIL DOMAIN	

Customer A/P Contact	
NAME	EMAIL
PHONE	FAX

Corporate Purchasing Contact	
NAME	EMAIL
PHONE	FAX
INVOICE ROUTING PREFERENCE (SOA can also be set for each branch location below)	

Price Increase Contact	
NAME	EMAIL
PHONE	FAX

EDI	
<input type="checkbox"/>	Yes, I'm interested in learning more about doing business through EDI with Shoemaker. My company's EDI contact is:
NAME	EMAIL

Branch Information			
NAME		BRANCH NUMBER	
ADDRESS	CITY	STATE	ZIP
PHONE	FAX		

Branch Purchasing Contact	
NAME	EMAIL ADDRESS
PHONE	FAX
SALES ORDER ACKNOWLEDGEMENT EMAIL PREFERENCE	
SPECIAL INSTRUCTIONS/NOTES	

FOR OFFICE USE ONLY	
TERRITORY CODE	MULTIPLIER
SALES REP CODE	CREDIT LIMIT
FREIGHT TERMS	CREDIT TERMS

BRANCH SETUP CONT.



Branch Information

NAME		BRANCH NUMBER		
ADDRESS	CITY	STATE	ZIP	
PHONE		FAX		

Branch Purchasing Contact

NAME		EMAIL ADDRESS		
PHONE		FAX		
SALES ORDER ACKNOWLEDGEMENT EMAIL PREFERENCE				
SPECIAL INSTRUCTIONS/NOTES				

FOR OFFICE USE ONLY

TERRITORY CODE		MULTIPLIER		
SALES REP CODE		CREDIT LIMIT		
FREIGHT TERMS		CREDIT TERMS		

Branch Information

NAME		BRANCH NUMBER		
ADDRESS	CITY	STATE	ZIP	
PHONE		FAX		

Branch Purchasing Contact

NAME		EMAIL ADDRESS		
PHONE		FAX		
SALES ORDER ACKNOWLEDGEMENT EMAIL PREFERENCE				
SPECIAL INSTRUCTIONS/NOTES				

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FREIGHT TERMS		CREDIT TERMS		