

NEW CUSTOMER SET UP INFORMATION

This Section to be Completed by PMI Representative and Returned to PMI

Account Name _____ Address _____ City, State _____ Zip _____ Parent Co. _____ Address _____ City, State _____ Zip _____ Buyer Contact _____ Fax _____ Email _____ Phone _____ Payment Terms _____ CoOp% _____	Billing Same? <input type="checkbox"/> Y / <input type="checkbox"/> N Address _____ Address _____ City, State _____ Zip _____ Shipping <input type="checkbox"/> Attach list if Multiple Address _____ City, State _____ Zip _____ Accounting Contact _____ Fax _____ Email _____ Phone _____ Stocking Distributor: <input type="checkbox"/> Non Stock Distributor <input type="checkbox"/> Retail <input type="checkbox"/>
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This Section to be Completed by Authorized PMI Individual

Representative _____ Category 10 - Buying Group Member? _____ Sales Instruction: ie: Special Pricing, etc. _____ _____ _____ _____ PMI Authorization: _____	Commission% _____ Customer Price Group _____ <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Address Book # _____ </div>
<div style="border: 1px solid black; padding: 5px; display: inline-block; background-color: #cccccc;"> CREDIT DEPT. </div>	
Credit Limit: _____	Authorization: _____
Comments: _____ _____ _____	
Date: _____	