

ACCOUNT SETUP FORM



OFFICE USE ONLY:
Territory: _____
Credit Limit: _____
Approved By: _____
Date: _____

4591 Pacheco Blvd, Martinez, CA 94553-2233
Phone: (510) 653-9119 - Fax: (925) 231-0766
Credit Department's Email – AR@shieldsharper.com

Print Form and Credit Terms – FILL OUT & **SIGN BOTH** – Mail, Fax, or Email to Credit Department

Legal Name: _____
Phone: () _____ Fax: () _____
DBA/Tradename: _____
Ship To Address: _____
City: _____ State: _____ Zip Code: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Type of Business: _____ Requested Credit Limit: \$ _____ Resale Account: Y / N Both
Type of Organization: Sole Proprietorship () Partnership () LLC () Corporation () Government ()
Date Stated Under Present Management: _____
Federal ID#: _____ DUNS#: _____ Purchase Order Required: Y N
Contractor's License#: _____ Class: _____

List ALL Officers / Partners / Owners / SSN (IF Sole Proprietorship)

Name: _____ Title: _____ SSN: _____
Name: _____ Title: _____ SSN: _____
Name: _____ Title: _____ SSN: _____
A/P Contact: _____ Phone: () _____ Email: _____

Bank Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Bank Contact Name: _____ Fax: () _____ Email: _____

Trade References (Minimum of Three)

Name: _____ Account#: _____
Phone: () _____ Fax: () _____ Email: _____
Name: _____ Account#: _____
Phone: () _____ Fax: () _____ Email: _____
Name: _____ Account#: _____
Phone: () _____ Fax: () _____ Email: _____
Name: _____ Account#: _____
Phone: () _____ Fax: () _____ Email: _____

PLEASE ATTACH: CURRENT FINANCIAL STATEMENT / RESALE CERTIFICATE (If Applicable)

I have read and agree to the terms and conditions of any sales made by Shields, Harper & Co., including limitations of warranties. I hereby state that the information given is true to the best of my knowledge and I authorize Shields, Harper & Co. to check the references listed.

**PLEASE PRINT AND SIGN BOTH THIS FORM AND THE CREDIT TERMS AND CONDITIONS.
BOTH FORMS MUST BE RECEIVED BEFORE WE CAN PROCESS YOUR APPLICATION.**

PRINT NAME*: _____ TITLE: _____

SIGNATURE*: _____ DATE: _____

*Person Authorized to Bind Customer