

# 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