

# New Customer and/or New Ship To Setup Form



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Please complete this form and return it with the customer tax exempt form to set up an account. It takes approximately one-week from receipt of the new account information to the application being finalized. A credit card can be used for the initial purchase once the account information is provided.

Please call **866.262.8655** and ask for the accounts department if you require assistance completing this application.

## Customer Information

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Name: \_\_\_\_\_

Billing Address: Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Purchasing Agent: Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable: Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Statements: Yes No

Allow Back Orders: Yes No

Allow Substitutes: Yes No

Require Purchase Order Number: Yes No

Require Ship To: Yes No If yes, please fill out the Ship To information in the next section

## Ship To

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What is a fitting (8 character max)  
Job Name or PO Number? \_\_\_\_\_

Customer Name or Number: \_\_\_\_\_

Ship To Address: Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Taxable: Yes No If no, please attach a Tax Exempt Certificate

## Trade / Business References

Please provide three trade or business references. These must be provided by current key suppliers that are providers of commercial credit.

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### REFERENCE 1

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Business Name:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Billing Address:

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Country

\_\_\_\_\_

Contact Details:

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

### REFERENCE 2

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Business Name:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Billing Address:

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Country

\_\_\_\_\_

Contact Details:

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

### REFERENCE 3

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Business Name:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Billing Address:

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

\_\_\_\_\_

Country

\_\_\_\_\_

Contact Details:

Phone

\_\_\_\_\_

Email

\_\_\_\_\_