

# New Customer Setup Form and Credit Application

## Finished Goods Accounts

Return to Customer Service via Fax: 414-353-5707; or email [customerservice@sellarswipers.com](mailto:customerservice@sellarswipers.com)

How Did You Hear About Sellars? (must be filled out): \_\_\_\_\_

Is your company part of a Group Purchasing Organization? (add buying group name): \_\_\_\_\_

### CUSTOMER INFORMATION

Today's date \_\_\_\_\_

Company Name \_\_\_\_\_ Year Company was established \_\_\_\_\_

Contact Person \_\_\_\_\_ (purchasing, sales/other)

Email Address \_\_\_\_\_ (for order confirmations)

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner (name) \_\_\_\_\_ (email) \_\_\_\_\_

Purchasing Dir/Mgr (name) \_\_\_\_\_ (email) \_\_\_\_\_

Sales Mgr (name) \_\_\_\_\_ (email) \_\_\_\_\_

Mktg Mgr (name) \_\_\_\_\_ (email) \_\_\_\_\_

AP Contact (name) \_\_\_\_\_ (email) \_\_\_\_\_

*Credit approvals may take 2-3 weeks. If you would like to pay by credit card to expedite your first order, **please provide the credit card information to customer service when the order is placed.***

**BILL TO ADDRESS** (or attach Co. Letterhead/business card)

**STANDARD SHIP TO:** (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you tax-exempt?** YES NO (If yes, tax-exempt certificate must be attached)

### FREIGHT INFORMATION

Do trucks have access to dock area? YES NO

Delivery appointment needed? YES NO

If yes, contact person & phone (extension) \_\_\_\_\_

Shipping & Receiving hours of operation? \_\_\_\_\_

For orders shipping FOB-Origin, please indicate carrier preference \_\_\_\_\_

**Other Special Requirements?** \_\_\_\_\_

**Corporate Headquarters**  
Sellars Wipers & Sorbents  
6565 North 60th Street  
Milwaukee, WI 53223 USA

**Remit to Address:**  
Sellars Wipers & Sorbents  
P.O. Box 1650  
Dept 4007  
Milwaukee, WI 53201-1650

All information is believed to be accurate as of print date. We reserve the right to change information without notice.



# Credit Information Release Form

**To Whom It May Concern:**

I give permission to release credit information to Sellars Wipers & Sorbents for the purpose of establishing credit with their company.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Estimated Monthly Order Amount** \_\_\_\_\_

*(Required information needed to establish credit limit)*

# Credit References

We require credit references from your suppliers and bank as follows.

Company Name *(please print)* \_\_\_\_\_

**If you have a preprinted form with this information, you do not need to fill out this page. Please insert your preprinted form here.**

Please complete the following information. **Fax numbers are necessary.** Thank you.

## Suppliers

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Account Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Account Number \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Account Number \_\_\_\_\_

**Bank Name** \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

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