

CUSTOMER SET-UP/CHANGE FORM

DATE	
SET-UP	UPDATE
Request By:	
MAS Cust. No.:	

COMPANY INFORMATION

Company Name:			Years in Business	
Type of Business			Business	Individual
DUNNS #			Taxpayer/Corp ID:	
US Vendors				
Tax Status	Tax Rate	If non taxable, please provide resale certificate, otherwise, sales or use tax will be charged as required by state departments of revenue		
Physical Address				
Address:		City	State	
Postal/Zip Code		Country		
Billing Address (if different from above)				
Address:		City	State	
Postal/Zip Code		Country		
Ship-To Locaton(s)				
LOCATION # 1				
Address:		City	State	
Postal/Zip Code		Country		
LOCATION # 2				
Address:		City	State	
Postal/Zip Code		Country		

*Attach additional sheets if more shipping locations are needed

CONTACT INFORMATION

Accounts Payable Contact				
Contact Name:			Preferred Method of Contact:	
Telephone:	Fax:		Email	
Officer(s) Name/Title				
Name			Title	
Telephone:	Fax:		Email	
Name			Title	
Telephone:	Fax:		Email	

CREDIT INFORMATION

Bank Information				
Bank Name	Bank Address			
Beneficiary:	Account Type (check one)		Checking	Savings
Contact Name/Title	Email			
Account No.				

REFERENCE 1

Company Name	Address:
Account No.	Contact Name:
Conatct Email	Telephone:

REFERENCE 2

Company Name	Address:
Account No.	Contact Name:
Conatct Email	Telephone:

For Internal Use

AUTHORIZATIONS & ADDITIONAL				
Payment Terms:	INCO TERMS			
Credit Limit:	SHIP TYPE		A	B
Salesperson Code:			C	
CPEC check (new customer):	Date:		NOTES:	
Export Controls Officer:	Date:			
Sales Manager	Date:			
Finance Review	Date:			
MAS Update:	Date:			