

SPEAKMAN®

Absolutely the best.

NEW CUSTOMER SET-UP FORM

This form is used for setting up a new customer. Speakman will use this form as a credit application.

There are now 3 easy ways to submit your form:

Date: _____

1. **SPEAKMAN WEBSITE:**

Log in to access Forms

2. **E-MAIL:** orders@speakmancompany.com

3. **FAX:** 1-800-977-2747

Business Information:

Legal Business Name: _____

Credit Line Requested: _____

Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Billing Information

Bill to Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Shipping Information

Ship to Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Country: _____

Type of Business:

Corporation

Partnership

Sole Proprietorship

Non-Profit

Status of Practice/Business: New Established # of Years _____

Owner/Principal Name: _____ Social Security #: _____

Street (Home) Address: _____

City: _____ State: _____ Zip: _____

Do any unsatisfied judgements exist?: Yes No

If yes, please explain: _____

Have you ever filed bankruptcy?: Yes No

If yes, please explain: _____

Bank References:

Primary Bank: _____ Branch: _____ Phone: _____

Bank Officer: _____ Account #: _____

Other Bank/s: _____ Branch: _____ Phone: _____

Bank Officer: _____ Account #: _____

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NEW CUSTOMER SET-UP FORM CONTINUED...

Trade References:

Name: _____
Contact: _____ Phone: _____ Fax: _____
Name: _____
Contact: _____ Phone: _____ Fax: _____
Name: _____
Contact: _____ Phone: _____ Fax: _____

Branch Contact

Name: _____
Title: _____
E-mail: _____
Phone: _____

General Management Contact

Name: _____
Title: _____
E-mail: _____
Phone: _____

Marketing Contact

Name: _____
Title: _____
E-mail: _____
Phone: _____

Sales Contact

Name: _____
Title: _____
E-mail: _____
Phone: _____

eForms

<input type="checkbox"/> Order Acknowledgements	EMAIL:	Primary: _____	Secondary: _____
<input type="checkbox"/> Shipment Notifications (ASN)	Primary: _____	Secondary: _____	
<input type="checkbox"/> Invoice Notification	Primary: _____	Secondary: _____	
<input type="checkbox"/> Pricing Changes, Promotions, Product Disc.	Primary: _____	Secondary: _____	

Format: PDF HTML Both

*** CREDIT CANNOT BE EXTENDED UNTIL THIS FORM IS COMPLETED AND VERIFIED ***

INTERNAL USE ONLY:

Price Book ID: _____ Price Code: _____
Sales Rep: _____ Customer (NO.) _____ Territory: _____
Credit Limit: _____ Terms: _____
Approved by: _____ Date: _____