



PLUS Corporation of America Customer Set Up Form

Customer Information	
*Business Name	
URL	
*Billing Address	
Address 2	
*Zip	
City, State	
Country	
*Telephone	
Fax	

Primary Contact <small>(who Plus would contact with questions on PO's)</small>	
*Name	
*Telephone	
Fax	
*Email Address	

Shipping Contact <small>(who Plus would contact with logistic questions)</small>	
Name	
Telephone	
Email Address	

Primary Shipping Address	
Address 2	
Zip	
City, State	
Country	

Accounting Payable Contact <small>(Who Plus would contact to collect payment)</small>	
*Name	
*Telephone	
Fax	
*Email Address	

Requested Shipping Terms	
Requested Payment Terms	

Perfered method to receive invoice*	
<input type="radio"/> Email	_____
<input type="radio"/> Fax	
<input type="radio"/> Post	
	<small>Specify remittance address/number</small>

For Plus Use Only

Tax Schedule _____	Plus Sales Rep Code _____
Credit Limit Requested _____	Sort _____
Resale Certificate on File <input type="radio"/> Yes <input type="radio"/> N/A	<input type="radio"/> Distributor <input type="radio"/> Wholesale <input type="radio"/> End User
	Customer Type

* Required Field: must be completed before submitting to accounting for approval.