

	<i>Customer Set Up Application</i>
<i>SEP 124</i>	Updated: 07/07/2022

Purpose: Please complete the attached Customer Setup form to establish or update your company information with Separators.

CUSTOMER SET UP FORM

Company Name: _____

Company Address: _____

Billing Contact Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Email address: _____

Telephone Number: _____

Tax Exempt: **Yes** **No** (If tax exempt, please provide certificate)

Preferred Method to Receive invoices:

Email: _____

Postal Mail

Please email completed form to: 365Accounting@sepinc.com or fax to 317-484-3755

If you would like to set up terms, please fill out the next two pages



Customer Set Up Application

SEP 124

Updated: 07/07/2022

Purpose: Please complete the attached Credit Application form to establish terms with Separators.

Company Name: _____
Street Address: _____
Mailing Address: _____
[] (Same as above)
Telephone # _____ Fax # _____
Invoice email address: _____
Federal ID# _____ D&B#: _____
Bank Name: _____
Checking Account #: _____ Savings Account #: _____
Contact Name: _____
Telephone # _____ Fax # _____
E-mail: _____

Trade References:

(Separators' Use Only)

1. Company Name: _____ Date Acct opened: _____
Contact's Name: _____ Credit Limit: _____
Telephone #: _____ Ave Days to Pay: _____
Fax #: _____ Terms: _____
E-mail: _____ Current Balance: _____
Account #: _____ Comments: _____
2. Company Name: _____ Date Acct opened: _____
Contact's Name: _____ Credit Limit: _____
Telephone #: _____ Ave Days to Pay: _____
Fax #: _____ Terms: _____
E-mail: _____ Current Balance: _____
Account #: _____ Comments: _____
3. Company Name: _____ Date Acct opened: _____
Contact's Name: _____ Credit Limit: _____
Telephone #: _____ Ave Days to Pay: _____
Fax #: _____ Terms: _____
E-mail: _____ Current Balance: _____
Account #: _____ Comments: _____

Submitted by: _____ Signature Printed Name and Title

SEPARATORS	<i>Customer Set Up Application</i>
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The bank will not release any information without an authorize signature, so to ensure a smooth process, please have an authorize person sign below to release your banking information:

I, _____, authorize you to release credit information to Separators, Inc.

Authorized Signature

Date

Please email completed form to: 365Accounting@sepinc.com or fax to 317-484-3755

Thank you,
The Accounting Team