



Customer Startup Form

CUSTOMER INFORMATION

Company Name:

Billing Address:

City: State: Zip Code:

Shipping Address:

City: State: Zip Code:

Phone:

ACCOUNTS PAYABLE INFORMATION

Accounts Payable Contact:

Email:

Phone:

Invoicing Email:

Select Payment Option:

- Advance Pay
- Credit Card (at time of order only)
- Applying for Net 30 Terms
(See page 2)

SALES TAX INFORMATION

Are you exempt from paying state sales tax?

- Yes ***If yes, please provide copies of tax exempt or resale certificates for all ship-to states*
- No

THIS SECTION TO BE COMPLETED BY OLIVER

Order Contact Name:

Phone Number:

Email:

Distributor: YES or NO

End User Type:	Corrections (SFCD)	Retail Bakery (SMBD)	Restaurant/Baker (SMRD)
	Retail Meals (SFHD)	Equipment Dealer (SMDD)	Parts and Service Distributor (SPDD)
	Senior Meals (SFMD)	Supermarkets (SMGD)	Parts and Service Company (SPSD)
	Schools (SFMD)		

Lift Gate Required: YES or NO

Inside Delivery Required: YES or NO

Delivery Appointment Required: YES or NO

If YES, contact/phone number:

Delivery Hours (if special):

Machine Model:

Monthly Expected Tray Usage (sales dollars):

First Tray Order:

Market Code:

Prospect Number:

Opportunity Number:

Special Instructions:

APPLICATION FOR CREDIT
(Required if applying for credit terms)

Date Business Established:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Type of Business:

Number of Employees:

Officers/Principals:

1. _____
2. _____

Tax ID:

D-U-N-S #

Estimated Line of Credit Required:

BUSINESS/TRADE REFERENCES

(Required if applying for credit terms)

Five current suppliers: Omit utility companies and personal credit cards

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

Company Name:

Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

CREDIT AGREEMENT

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish Oliver Packaging & Equipment Company any and all information which may be requested. Customer also agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. All sales, unless otherwise noted, are Net 30 Days and these terms are strictly enforced. Customer agrees to pay all collections costs, attorney's fees, and court costs incurred in the collections of said amount in the event legal action is necessary.

I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

Signature: _____ Date: _____

Printed Name: _____ Title: _____