|  |
| --- |
| **New Account Information Form**Must be filled out and accompany the credit app and W-9 & Sales Tax Exemption Certificate  |
| Date |       | Company Name |       |
| Billing Address |       | Year Established |       |
| City |       | State |       | Zip |       |
| Phone No. |       | Fax No. |       |
| Shipping Address |       |
| City |       | State |       | Zip |       |
| Company Contact |       | Contact Email |       |
| Contact Phone # |       | Contact Fax # |       |
| **PURCHASING INFORMATION** |
| Purchasing Contact |       | Email |       |
| Phone No. |       | Fax No. |       |
| **ACCOUNTS PAYABLE INFORMATION** |
| A/P Contact |       | A/P Email |       |
| Phone No. |       | Fax No. |       |
| Send Invoices | Contact |       | Email |       |
| Send Credit Memos | Contact |       | Email |       |
| **Please supply three credit references including name, address, telephone and fax numbers.** |
| 1. Ref |       | City/State |       |
| Telephone |       | Fax |       |
| 2. Ref |       | City/State |       |
| Telephone |       | Fax |       |
| 3. Ref |       | City/State |       |
| Telephone |       | Fax |       |
| Bank Reference |       |
| Address |       |
| Bank Officer |       | Telephone No. |       |
|  |  |  |  |
| **The following information must be provided by Sales Rep for customer set-up.** |
| **GENERAL INFORMATION** |
| Sales Group/Rep |       |
| Territory |       | Rep Email |       |
| Approximate dollar amount of first order |       | Estimated Annual Volume |       |
| Do you currently sell them other lines? |  [ ] YES | [ ] NO | Past credit experience? |       |
| **BUYING GROUP AFFILIATION** |
| Buying Group |       | (SSS, TUG, NISSCO, DPA, PROLINK, NETWORK) |
|  **FITMENT** |
| [ ]  | KUTOL # 1 | [ ]  | REGIONAL # L05 | [ ]  | OTHER  |  |
| [ ]  | TRIPLE S # 2 | [ ]  | REGIONAL # L07 |  |  |
| [ ]  | RJS & RDA # 3 | [ ]  | PROLINK # L08 |  |  |
| [ ]  | REGIONAL # 4 | [ ]  | BUNZL # 12 |  |  |
| **ACCOUNT PRICING PROTOCAL Please attach Quote or any pricing correspondence.** |
| [ ]  | Priced per order size | [ ]  | Pricing Lock – <50 Case Level |
| [ ]  | Pricing Lock – 50 Case Level | [ ]  | Pricing Lock – 150 Case Level |
| [ ]  | Pricing Lock – 300 Case Level | [ ]  | Pricing Lock – 500 Case Level |
| [ ]  | Other |  |  |  |
|  |
| **CANADA ONLY** |
| Freight Zone (circle one): 1 2 3 |  |
| Customs Broker Information: |  |
| **New Account Checklist Items** | **Yes** | **Comments** |
| New Account Form & Credit References | [ ]  |       |
| Reseller Certificate/Tax Exempt Form | [ ]  |       |
| W9 | [ ]  |       |
| Opening Order | [ ]  |       |
|  |  |       |
| Rep.Signature |  | Date |
| **INTERNAL USE:** |
| Kutol Sales Rep & Grp |  | Territory # |  |
| Kutol Home Office Sales Contact |  |
| **REBATES** | [ ] New  | [ ] Existing  | [ ] None | Yearly Program | [ ] Yes [ ] No |
| Customer % |  | Based on Sales | [ ] Yes [ ] No | Frequency | [ ] Yearly [ ] Quarterly [ ] Monthly |
| Buying Grp % |  | Based on Sales | [ ] Yes [ ] No | Frequency | [ ] Yearly [ ] Quarterly [ ] Monthly |
| Growth  | [ ]  Customer |  | % | [ ]  Buying Group |  | % | Plan |  |
| Marketing % |  | OR Set Amount $ |  | Frequency | [ ] Yearly [ ] Quarterly [ ] Monthly |
|  |  |
| **NOTES:** |  |
|  |  |       |
| Kutol Signature |  | Date |

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