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| **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. | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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| **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 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | | | | | | | | | |
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| **NOTES:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Kutol Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Date | | | | | | | | | | | | | | | | | | | | | | | | | |

Rev 2/16/21