



## Customer Account Set Up Form

Thank you for choosing Port City Industrial for your material handling needs. It is our goal to provide the best in warehouse equipment, professional installation and maintenance, and unparalleled customer service. Please complete the information below to allow us to better service your account.

### Business Information:

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Legal Business Name:

DBA (if applicable):

FEIN:

### Business Address:

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Shipping Address:

*Street*

*City*

*State*

Billing Address (if different from Shipping):

*Street*

*City*

*State*

### Primary Contact:

### Purchasing Contact:

### Accounts Payable Contact:

Name:

Name:

Name:

Phone Number:

Phone Number:

Phone Number:

Email:

Email:

Email:

Email Address for Invoices:

### Requested Payment Terms:

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Net 30

COD

Credit Card

Prepaid

If Net 30 or COD terms are requested please complete credit application below.

### Bank Reference:

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Name of Institution:

Primary Contact:

Email Address:

Phone Number:



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### Trade References:

Trade Reference 1	Trade Reference 2	Trade Reference 3
Business:	Business:	Business:
Contact Name:	Contact Name:	Contact Name:
Email Address:	Email Address:	Email Address:
Phone Number:	Phone Number:	Phone Number:

### Trade References:

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Dun and Bradstreet Number:

### Tax Status:

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Taxable on All Orders

Tax Exempt on All Orders\*

\*If tax exempt, please provide current tax exemption certificate.  
Please provide current W9 with this form.

Signature:

Date: