PHOENIX *MANUFACTURING*

Date _____

NEW CUSTOMER SET UP INFORMATION

This Section to be Completed by PMI Representative and Returned to PMI

Account Name

Name	
Adress	
City, State, Zip	

Billing

Name	
Address	
City, State, Zip	

Parent Co.

Name	
Address	
City, State, Zip	

Shipping

Name	
Address	
City, State, Zip	

Buyer Contact

Name	
Phone/Fax	
Email	

Accounting Contact

Name	
Phone/Fax	
Email	

Payment Terms:
- Plan A   2% 10, Net 30   ☐
- Plan B   2% 30, Net 60   ☐
- Other   ☐
- Co Op%

- Stocking Distributor   ☐
- Non Stocking Distributor   ☐
- Other   ☐

This Section to be Completed by Authorized PMI Individual

Representative _____   Commission % _____

Customer Price Group _____

Sales Instruction :

(special pricing, etc) _____

_____
_____
_____
_____

PMI Authorization _____   Address Book # _____

Account Set up by _____

Date _____

CREDIT DEPARTMENT

Credit Limit _____   Authorization _____

Comments _____
_____
_____

_____
_____
_____

Date _____