



NEW CUSTOMER & CREDIT APPLICATION

By submitting this application, you authorize Relevant Solutions to make inquiries to the bank/trade references supplied.

**TERMS WILL BE CREDIT CARD UNTIL CREDIT APPLICATION IS SUBMITTED AND CREDIT IS APPROVED.
CUSTOMER WILL DEFAULT TO TAXABLE UNLESS A VALID TAX CERTIFICATE IS ATTACHED.
SEND COMPLETED FORM TO AP@RELEVANTSOLUTIONS.COM.**

Section 1: CUSTOMER NAME

Legal Name:

DBA:

FEIN:

DUNS:

INITIAL ORDER TOTAL: _____

Section 2: CUSTOMER INFORMATION

SHIPPING ADDRESS:

STREET:

CITY, STATE, ZIP:

PHONE:

BILLING ADDRESS:

STREET:

CITY, STATE, ZIP:

PHONE:

WEBSITE:

YEAR ESTABLISHED:

TYPE OF BUSINESS:

NUMBER OF EMPLOYEES:

NAICS CODE (6 DIGIT):

TYPE OF ENTITY: CORPORATION / LLC / PARTNERSHIP / INDIVIDUAL

SHIP METHOD: PP&A / COLLECT

COLLECT ACCOUNT NUMBER IF APPLICABLE:

SALES TAX EXEMPT: YES / NO

TAX EXEMPTION NUMBER IF APPLICABLE:

PLEASE ATTACH SALES TAX EXEMPTION FORM.

Section 3: CUSTOMER CONTACTS

ACCOUNT PAYABLE NAME:

EMAIL:

PHONE:

PURCHASING:

EMAIL:

PHONE:

OTHER:

EMAIL:

PHONE:

EMAIL ADDRESS FOR SUBMITTING INVOICES:

EMAIL ADDRESS FOR INQUIRIES:

EMAIL ADDRESS FOR STATEMENTS:

EMAIL ADDRESS FOR PORTAL INFORMATION:

Section 4: TRADE REFERENCES

1. NAME			EMAIL		
STREET		CITY	STATE	ZIP CODE	PHONE
2. NAME			EMAIL		
STREET		CITY	STATE	ZIP CODE	PHONE
3. NAME			EMAIL		
STREET		CITY	STATE	ZIP CODE	PHONE

PLEASE PRINT AND SIGN BELOW.

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

**RELEVANT
SOLUTIONS
USE ONLY:**

Date:

P21 Customer ID:

Set Up By:

Customer Type:

Customer Class:

Requestor:

Credit Limit:

Credit Terms:

Pricing Library:

Notes: