



The Filter Shop, Inc.
 8730 F Street
 Omaha, NE 68127-1505
 Tel: (402) 597-1988
 Fax: (402) 597-1873
 E-mail: sales@thefiltershopinc.com
www.thefiltershopinc.com

ACCOUNT SETUP APPLICATION FORM

Please complete and sign this Account Setup Form and Credit Application Authorization Form.
 Please **fax** to (402) 597-1873 or email PDF to sales@thefiltershopinc.com. We look forward to working with you.

CONTACT INFORMATION

BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY / STATE / ZIP:		
PHONE:	FAX:	WEB SITE:
PRESIDENT / OWNER:		E-MAIL:
FEDERAL TAX ID#	YEARS IN BUSINESS:	

PURCHASING INFORMATION:

PURCHASE CONTACT:	E-MAIL:
PHONE:	FAX:
ARE PURCHASE ORDERS USED? (Y/N)	PO REQUIRED? (Y/N)
SALES TAX ON PURCHASES? (Y/N)	RESALE CERT #
(Please attach Sales Tax Exemption/Resale Certificate or Multi-State Resale Certificate Form)	

ACCOUNTS PAYABLE INFORMATION:

A/P CONTACT:	E-MAIL:
PHONE:	FAX:
BILL TO ADDRESS (if different):	
CITY / STATE / ZIP:	
CREDIT LIMIT REQUESTED:	TERMS REQUESTED: (Standard Terms are Net 30 days)
IF YOU WOULD PREFER TO RECEIVE INVOICES ELECTRONICALLY VIA EMAIL -- PLEASE LIST E-MAIL ADDRESS(ES) & CONTACT(S) FOR E-INVOICES:	



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CONFIDENTIAL CREDIT APPLICATION & AUTHORIZATION

TRADE REFERENCES

COMPANY NAME:	PHONE:	FAX:
ADDRESS:		
CITY / STATE / ZIP:		
ACCOUNT OR CUSTOMER NUMBER:		

COMPANY NAME:	PHONE:	FAX:
ADDRESS:		
CITY / STATE / ZIP:		
ACCOUNT OR CUSTOMER NUMBER:		

BANK INFORMATION AND CREDIT INFORMATION RELEASE AUTHORIZATION

BANK:	PHONE:	FAX:
CONTACT:		
ADDRESS:		
CITY / STATE / ZIP:		
ACCOUNT OR CUSTOMER NUMBER:		

This is to authorize the bank to release our bank credit information to The Filter Shop, Inc. and its agent for the purpose of setting up a business account, terms, and credit application.

OFFICER OR AUTHORIZED SIGNATURE

TITLE

DATE