

## New Account Set-Up Request

Date \_\_\_\_\_

### Your Information

\*Full Name \_\_\_\_\_

\*Title \_\_\_\_\_

\*Email \_\_\_\_\_

\*Phone \_\_\_\_\_

### Billing Information

\*Business Name \_\_\_\_\_

\*Billing Address \_\_\_\_\_

Address Line 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

\*Billing Contact (Accounts Payable) Name \_\_\_\_\_

\*Billing A/P Phone \_\_\_\_\_

\*Billing A/P Email Address for Invoices \_\_\_\_\_

\*Preferred Payment Method \_\_\_\_\_ CREDIT \_\_\_\_\_ PURCHASE ORDER \_\_\_\_\_

For payment by purchase order, please include your D&B number. # \_\_\_\_\_

\*Tax Exempt? YES \_\_\_\_\_ NO \_\_\_\_\_

For Tax Exempt, please email your tax exemption or resale certificate to [credit@carstens.com](mailto:credit@carstens.com).

### Shipping Name and Address (if different than billing)

Business Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Shipping: Prepay & Add \_\_\_\_\_ or Collect \_\_\_\_\_ Collect Acct#: \_\_\_\_\_

**Carstens.com**

Complete all required fields (\*) on this form, then email [credit@carstens.com](mailto:credit@carstens.com) | (800) 782-1524

**Customers ordering over \$100 without secure payment must fill out a credit application.**