



New Account Application

COMPANY INFORMATION

Company Name:		Contact:	
Street Address:		Contact Title:	
City / State / Zip:		Contact Phone:	
Type of Industry:		Contact Fax:	
		Contact Email:	

SHIPPING ADDRESS – if same as above check here

Company Name:	
Street Address:	
Street Address:	
City / State / Zip:	

Freight Terms: Philpott Rubber Co. preferred small parcel carrier is UPS

For UPS COLLECT shipments, please provide your UPS account number:
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LTL Preferred Carrier	<input type="checkbox"/> No preference, Philpott Rubber Co. will route	<input type="checkbox"/> Use our preferred carrier listed below
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Carrier Name:	<input type="checkbox"/> Collect	<input type="checkbox"/> Third Party	Phone:
3 rd Party Logistics Company:		Contact:	
Street Address:		Phone:	
City / State / Zip:		Email:	

BILLING INFORMATION

Company Name:		A/P Contact:	
Street Address:		A/P Phone:	
City / State / Zip:		A/P Fax:	
		A/P Email:	

Invoice Options:			
	Email	<input type="checkbox"/>	
	Fax	<input type="checkbox"/>	
	USPS	<input type="checkbox"/>	Will be mailed to billing address listed above

CREDIT INFORMATION

Company Type:	Corporation	<input type="checkbox"/>	LLC	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Individual	<input type="checkbox"/>
Year Established:			FEIN #:					
At Present Location Since:			DUNS #:					
Tax Status:	<input type="checkbox"/> Taxable	<input type="checkbox"/> Non-Taxable	<i>If non-taxable, please attach Tax Exemption Certificate made out to Philpott Rubber LLC</i>					



BANK REFERENCE

The completion of this requested information gives Philpott Rubber Co. the right to obtain verification from any source named below

Account Number:		Contact:	
Bank Name:		Phone:	
Street Address:		Fax:	
City / State / Zip:			

TRADE REFERENCES

TRADE REFERENCE 1			
Company Name:		Contact:	
Street Address:		Contact Phone:	
City / State / Zip:		Contact Fax:	
		Contact Email:	

TRADE REFERENCE 2			
Company Name:		Contact:	
Street Address:		Contact Phone:	
City / State / Zip:		Contact Fax:	
		Contact Email:	

TRADE REFERENCE 3			
Company Name:		Contact:	
Street Address:		Contact Phone:	
City / State / Zip:		Contact Fax:	
		Contact Email:	

CUSTOMER AUTHORIZATION

By signing this New Account Application, I agree that all the information provided is true and correct.

Signature:		Print Name:	
Title:		Date:	

Please return completed form to Accounting at accountsreceivable@philpottrubber.com or fax to 330-225-1999

PHILPOTT CORPORATE USE ONLY

Outside Sales: _____ Inside Sales: _____ New Client Existing Client, Account # _____

Credit Approved By: _____ Date: _____

Credit Terms: _____ Credit Limit: _____ Customer notified: Yes No Date: _____