



The Filter Shop, Inc.
 8811 "J" Street
 Omaha, NE 68127
 Tel: (402) 597-1988
Fax: (402) 597-1873
 E-mail: sales@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:	

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)		

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

VENDOR 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:	
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