

NEW RETAILER SETUP FORM

CONTACT INFO

Company Name _____

Primary Contact _____

Accounts Payable Contact _____

Address _____

Phone _____

Fax _____

Email _____

Website _____



15 West End Ave.
Stamford, NY 12167-1296
PH: 607-652-7321
FX: 607-652-7293
www.catskillcraftsmen.com

If you prefer, we can setup your account using your VISA or Mastercard for billing. We will keep this card on file and bill it for each subsequent order unless notified otherwise.

COMPANY BACKGROUND

Number of Years in Business _____

Type of Business _____

Do you sell from your website? _____

Number of stores _____

Do you provide special ordering capabilities for your customers? _____

What other kitchen lines do you carry? _____

How did you learn about Catskill Craftsmen? _____

SETTING UP A NET 30 ACCOUNT

Tax ID Number _____

Company's Bank _____

Credit Reference #1 _____

Credit Reference #2 _____

Credit Reference #3 _____

