

HOMECREST™

O U T D O O R L I V I N G

Account Set Up Form

Completed By: _____

Contact # _____

Date _____

Bill to Name and Address:

Ship to Name and Address:

Warehouse name and contact number if applicable:

Accounts Payable Contact:

Purchasing Contact:

Office Phone # _____

Office Phone # _____

Cell Phone # _____

Cell Phone # _____

E-mail Address _____

E-mail Address _____

Fax # _____

Fax # _____

Send Invoices to: _____

Send Acknowledgments to: _____

For Office Use Only

Customer # Assigned _____	Price Book ID _____	MSRP
Sales Rep Name _____	Customer Class	CNT RES OEM
Sales Rep # _____	Market Analysis Code _____	
Commission % _____	Price Code _____	
Update Shipping Instructions _____	Terms	
Update FCC Comments _____	List on "Find a Dealer"	
Freight Code _____	(If yes list all location addresses)	Yes No
Send Invoices _____	Send Acknowledgments _____	
	Send Statements _____	