

CUSTOMER SETUP REQUEST

Accounting Use Only

Cust# _____

Terms: _____

SECTION 1

BILL TO INFORMATION (Invoices are mailed here):

NAME	DELIVERY OPTION FOR INVOICES	
ADDRESS (line 1)	<input type="checkbox"/> US Mail	<input type="checkbox"/> EMAIL Provide email address below and see important notice about email delivery
ADDRESS (line 2)		
CITY, STATE		
ZIP	Y N	
PHONE	PO Required? <input type="checkbox"/> <input type="checkbox"/>	
FAX	If yes, list PO contact(s) below. Include email or phone number.	
SALES CONTACT NAME/TITLE		
SALES CONTACT EMAIL		
ACCOUNTING CONTACT NAME		
ACCOUNTING CONTACT PHONE	Y N	
ACCOUNTING CONTACT EMAIL	Sales Tax Exempt? <input type="checkbox"/> <input type="checkbox"/>	
CREDIT AMOUNT REQUESTED*	If you are exempt, a valid tax exemption certificate must be attached	
*If credit is requested, a completed credit application must be included. Account will be setup as a cash account until credit application is received & approved.		

**IMPORTANT NOTICE ABOUT
EMAIL DELIVERY OF
INVOICES**

Invoices will be sent from:
LTCinvoices@LTCenter.com
Please add this address to
your Safe Sender list to
prevent the emails from
being blocked by your spam
filter.

Accounting Use Only

County: _____

Tax Rate: _____

SECTION 2

SHIP TO/EQUIPMENT LOCATION INFORMATION (If different than above)

NAME	COMMENTS
ADDRESS (line 1)	
ADDRESS (line 2)	
CITY, STATE	
ZIP	
PHONE	
FAX	
SHIP TO CONTACT NAME/TITLE	
CONTACT EMAIL	

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SECTION 3

LIFT TRUCK CENTER INTERNAL USE ONLY

REQUESTED BY	DATE
TERMS	
LABOR RATE	Y N
PARTS PRICING	Should this customer be contacted by our Sales Team? <input type="checkbox"/> <input type="checkbox"/>
NA, LDNA, NPP	
TYPE OF PURCHASE**	Is this customer operating in competition as an independent forklift service provider? <input type="checkbox"/> <input type="checkbox"/>
** Please detail what this customer will be purchasing.	
COMMENTS	

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Setup by: _____

Date: _____