

NEW Account Form

This is to set up a new account. It does not pertain to opened terms. Please fill out credit application to establish terms on your account.

FOR WILCOR OFFICE USE:	
Account # _____	
Date: _____	By: _____
Territory: _____	

Wilcor International

161 Drive In Road, Frankfort, NY 13340
Accounts Receivable: 800-346-2345 ext: 711
Fax # 315-733-3215

(Please print or type)

Name of business _____ Contact Name: _____

Mail To Address _____ City _____ State _____ Zip _____

Ship To Address _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

Name of Owner _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Fax: _____ Email: _____

SALES TAX BLANKET EXEMPTION CERTIFICATE

Name of seller: Wilcor International
Address: 161 Drive In Rd., Frankfort, NY 13340

Attach a copy or your original Business Certificate or Tax Exempt Certificate

Tax Exempt Certificate:

• If you have a Sales Tax Exempt form, send a copy of your original Tax Exempt Certificate.

Business Certificate

• If your state does not issue a tax exempt certificate, send a copy of your original Business Certificate.

ANY RETURN CHECKS OR UNPAID BALANCES ARE SUBJECT TO COLLECTION FEES UP TO 50%

Payment options:

AUTHORIZATION TO PAY BY CREDIT CARD OR CHECK BY PHONE

Please charge my (Check one) Master Card Visa American Express Discover

Name as appears on credit card: _____

Account # _____ Expiration date _____

The last three digits of number code on the back of the credit card _____

Cardholders billing address if different from above:

Address: _____ State _____ Zip: _____

Please charge my (Check one) Use for this order only Use for this order and future orders

Pay by check:

Bank Name: _____ Name on Account: _____

Routing # (9 digits) _____ Account # _____ Phone: _____

Signature: _____