

New Customer Set-Up Form



GENERAL INFORMATION

Legal Name of Corporation:			
DBA/Trading Name:			
Tax I.D. Number:	VAT Number (if applicable):	DUNS (provide company registration number if DUNS unavailable) :	
Type of business: Sole Proprietorship/Corporation/Partnership/Incorporated/LLC/LLP/Limited/Trust/Others/Individual/Unlimited Company			
Business activity: Wholesale Distributor/Retailer/Manufacturer/Services/Operator/Carrier/Other			
Business Mailing Address:			
City:	State:	Country:	Zip Code:
Phone Number:	Company Website:		Fax Number:
Business Registration Address (if different from mailing address):			
City:	State:	Country:	Zip Code:
Phone Number:		Fax Number:	
Buyer/Applicant Name:	Phone Number:	Buyer/Applicant Chinese Name (if applicable):	
Email Address:		Date of birth (dd/mm/yyyy):	
Accounts Payable Name:		AP Phone Number:	
AP Email:		AP Fax Number:	
Invoice method: EDI/Email/Postal	Email Address to Receive Invoices if chosen:	EDI details for an invoice if chosen:	
Business Shipping Address:			
City:	State:	Country:	Zip Code:
Loading Liquidation Account Manager:			
Owner/President Name:	Owner/President ID Number:	Owner/President Type of ID:	
Authorized Signature:	Designation of signatory:	Date(dd/mm/yyyy):	
LOADING LIQUIDATION INTERNAL USE			
Sales Channel:			
Loading Liquidation Account Manager:			
Date Requested date (dd/mm/yyyy):		Account requested by:	
Loading Liquidation ONLY – to be filled by US Sales (Use default values if not filled)			
Resale/Tax Exempt Certificate copy must be attached: Multi-state form or individual states signed copies are required. Please submit copies			
Customer business currency: USD CAD			
Freight payment/charges: EXW-Frt included in selling price, PP-Prepay & charge frt, SCA-Ship on customer acct, CPU-Customer pick-up			
Preferred freight carrier:	Carrier number:	If shipping SCA, Customer frt acct #:	
Back Orders Allowed: Yes No	Partial Shipments allowed: Yes No	Partial Order Shipments allowed: Yes No	Substitutions Allowed: Yes No
ASN Required: Yes No		If ASN is required, E-mail address for ASN:	
Adjustment Schedule: (Requires sales acct manager to enter the exact pricing schedule name) Distributor-medium			
VMI Program: Yes No		VMI Start Date (dd/mm/yyyy):	VMI/Logility Program:
POSA Required: Yes No		Freight Handling Code: PP	Parent AB #:

(VCM) AR-GL Offset code	(VCM) Program Cat Code 05:	(VCM) Send method:
BBTI/B2B accounts- Bank Name	Class Code 05 =	Cat Code 06:
Bank address:		
Bank Transit #	SWIFT Code	Account #

THE ENTITY ON WHOSE BEHALF THIS CUSTOMER ACCOUNT APPLICATION HAS BEEN COMPLETED ("YOU") AUTHORIZES THE ABOVE TRADE CREDIT REFERENCES TO RELEASE INFORMATION TO LOADING LIQUIDATION. YOU AUTHORIZE LL TO CONDUCT APPROPRIATE CREDIT CHECKS. THE LOADING LIQUIDATION CUSTOMER TERMS AND CONDITIONS OF SALE ARE ATTACHED TO THIS CUSTOMER ACCOUNT APPLICATION ("LOADING LIQUIDATION TERMS AND CONDITIONS").

BY CHECKING THIS BOX, SIGNING BELOW, AND INITIALING EACH PAGE YOU AGREE THAT THE SUPPLY OF PRODUCTS BY LOADING LIQUIDATION TO YOU WILL BE GOVERNED BY LOADING LIQUIDATION'S CUSTOMER TERMS AND CONDITIONS OF SALE.

BY CHECKING THIS BOX AND SUBMITTING THIS CUSTOMER ACCOUNT APPLICATION TO LOADING LIQUIDATION, WHETHER OR NOT YOU SIGN BELOW, YOU AGREE THAT SUCH OTHER APPLICABLE TERMS AND CONDITIONS AS AGREED IN WRITING BETWEEN LOADING LIQUIDATION AND YOU FROM TIME TO TIME WILL GOVERN THE SUPPLY OF PRODUCTS AND/OR SERVICES BY LOADING LIQUIDATION TO YOU. UNTIL SUCH TIME AS SUCH TERMS AND CONDITIONS ARE AGREED, YOU ALSO AGREE, WHETHER OR NOT YOU SIGN BELOW, THAT LOADING LIQUIDATION'S CUSTOMER TERMS AND CONDITIONS OF SALE ARE DEEMED TO APPLY.

Following documents are required for customer set-up:

- Certificate of incorporation: In case of corporation/incorporated/LLC/LLP/Limited/Unlimited company/Trust
- Photo ID: In case of Sole proprietorship/Partnership/Individual/Other
- Resale or tax-exempt certificate for US-based customers/ VAT certificate for EU customer