

West Bend Transit & Service Co. - New Account Setup Form

Customer

Account Name _____
Physical Address _____

Primary Contact _____
Phone _____
Fax _____
Email _____
After Hours Contact _____
After Hours Email _____
After Hours Phone _____

Shipping Department

Hours _____
Contact Name _____
Phone Number _____
Fax _____
Email _____
Appointments Required Y____ N____
Special Requirements? _____

Receiving Department

Hours _____
Contact Name _____
Phone Number _____
Fax _____
Email _____
Appointments Required Y____ N____
Special Requirements? _____

Billing

Billing Address _____

Contact Name _____
Phone Number _____
Fax _____
Email _____
Can you receive Invoices by email? Y____ N____
If so, what email address _____
EDI 210 capability Y____ N____
Do you agree to 15 day Payment terms? Y____ N____
What email can we send aging report to? _____
Special Requirements _____

General

Do you want Web access? Y____ N____
If so, what email address _____
Do you want to receive daily activity report Y____ N____
If so, what email address _____
EDI capable Y____ N____
If so, what modules _____
Notes: _____

