

DATE: \_\_\_\_\_ SALES PERSON: CRAIG MARSHAK ACCOUNT NO#: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PERSON'S PHONE #: \_\_\_\_\_

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**CUSTOMER SET-UP INFORMATION:**

Buyers to be set-up, if different or additional from contact above:

Buyer(s) need order approval? Who approves their orders? \_\_\_\_\_

E-mail addresses of buyer and approval contact for notification: \_\_\_\_\_

Customer to see order history? Yes  No  Contract pricing emphasized? Yes  No

Does buyer(s) have order limit? Yes  No  If Yes, limit is \_\_\_\_\_

Are Purchase Order #s required on orders? Yes  No  Delivery:  Route Ned  62  63

**DEPARTMENTAL ORDERING INFORMATION (IF APPLICABLE):**

Can buyers listed above order for all Departments? Yes  No  Depts. Required? Yes  No

If no, which Department will they be ordering for? \_\_\_\_\_

User Manual to be sent to customer  User Manual furnished to salesperson

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PLEASE RETURN THIS FORM TO: VANESSA SIEMEN- EXT. 102

e-mail: [vanessasiemen@warehousedirect.com](mailto:vanessasiemen@warehousedirect.com)

fax: (800) 600-0068



Set-Up Completed

To: \_\_\_\_\_

User I.D. and Password Information:

Follow-Up:  
Letter

User Manual(s):

Additional Information: