



NEW CUSTOMER SET UP FORM

COMPANY INFORMATION AND CONTACT					
Company Name: Parent Company:					
Contact Name:	Phone: _		Fax:	Email:	
AP Name:	Phone:		Fax:	Email:	
Billing Address:					
City:	State:		Zip Code:		
Federal I.D. #:	Resale	Certificate # and State:			
Business Type:	Corporation artnership	rietorship	her:		
Bank Name:					
Bank Address:					
City:	State:		Zip Code:		
Phone:	Fax:		Email:		
Bank Contact:	Bank Account #:		Account Type:		
BUSINESS/TRADE REFERENCES					
Company Name:					
Contact Name:	Phone:		Fax:	Email:	
Company Address:					
City:	State: _		Zip Code:		
Company Name:					
Contact Name:	Phone:		Fax:	Email:	
Company Address:					
City:	State:		Zip Code:	Zip Code:	
Company Name:					
Contact Name:	Phone:_		Fax:	Email:	
Company Address:					
City:	State:		Zip Code:		
E&E Sales Rep:	Est. Initial Order Amt				
*The completed form must be forwarded to fax number (888) 569-5508 or Email to: cs@olliix.com					
* I hereby authorized E&E Company Ltd. to contact the above listed bank and trade references for verification purposes.					
Authorized Signature Date					