



Sheehan Sales, Inc

# New Customer Application

Date sent- \_\_\_\_\_

## Company Information

Salesman: \_\_\_\_\_

Legal Company Name: \_\_\_\_\_ year established: \_\_\_\_\_  
 Type of Organization: Corporation Partnership Proprietorship Other (circle one)  
 In order to purchase from Sheehan Sales, you must be a verified reseller. Therefore, you must fill out the attached form E595E. The name on your resale certificate must be the same as the legal company name above.  
 If sole proprietorship, we need your home address: \_\_\_\_\_  
 Owner(s) legal names: \_\_\_\_\_  
 Company Contact Name: \_\_\_\_\_  
 Phone Number (home) \_\_\_\_\_ (business) \_\_\_\_\_  
 (cell) \_\_\_\_\_ At least one phone number must be a "land line" in your name or your company name which can be verified: mark with \*  
 Fax# \_\_\_\_\_ Email Address: \_\_\_\_\_

## Billing Information

Address for invoices/order copies: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_  
 What business or person is at this Billing address? \_\_\_\_\_  
 If you will be using a credit card: Name on Card: \_\_\_\_\_  
 Billing address associated with card: \_\_\_\_\_  
 \_\_\_\_\_ city \_\_\_\_\_ state: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number associated with your credit card account: \_\_\_\_\_

## Shipping Information

Address : \_\_\_\_\_ residential? Yes No  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_  
 phone number for shipping address if different from billing  
 COD shipments-First time customers who refuse their first shipment or have it held so long at UPS that it is returned to us, will have to pay original shipping, refusal fees and reshipment charges prior to any subsequent shipment being made to them. Repeat Customers who miss shipments or refuse them will have the original shipping charges and refusal fees added to the new shipping charges on any subsequent order

Company name	phone	fax	Product purchased	Your account number

### Business References

**All new customers must complete this section**  
 Please list at least 4 other vendors from whom you purchase consumer products for resale.

The signature below represents and warrants that the party signing below is an authorized representative of the company and that the information provided herein is a complete and accurate representation of the company. Any misrepresentation or fraudulent information provided will be the basis for default under this agreement. All invoices past due by 30 days or more are subject to a finance charge of 5.75%. The cost of collection, including reasonable attorneys fees, will be added to the invoice

Authorized Signature

\_\_\_\_\_ Date: \_\_\_\_\_

**Fax to: 919-212-6198**  
**Include Exemption certificate e595e**

Mail to:  
 P.O. Box 680 Garner, NC 27529