

**COMMERCIAL ACCOUNT APPLICATION**



**Please include 3 credit references and W9 with these forms.**

Company Name: \_\_\_\_\_

Billing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Shipping Address: ( If different)  
\_\_\_\_\_  
\_\_\_\_\_

Plant Contact: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

***Elliott Boots Terms are NET30***

Your Company terms: NET15 \_\_\_\_ NET30 \_\_\_\_ NET60 \_\_\_\_ OTHER: \_\_\_\_\_

AP Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

AP FAX: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

AR Email: \_\_\_\_\_

How would you like to receive your Invoice? paper \_\_\_\_ email \_\_\_\_ portal \_\_\_\_ or other \_\_\_\_

If email please specify email to send invoices? \_\_\_\_\_

Billing Schedule: Daily \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Portal \_\_\_\_ if portal please specify what portal

Special billing instructions: \_\_\_\_\_

Special Orders to be shipped: Plant \_\_\_\_ Employee home \_\_\_\_

Subsidy: \_\_\_\_\_ (the amount your company pays towards a pair of boots per employee)

Number of pairs per year? \_\_\_\_\_

Subsidy renewal: Calendar year \_\_\_\_ Last purchase date \_\_\_\_ as needed with voucher \_\_\_\_

Payroll Deductions allowed: YES \_\_\_\_ NO \_\_\_\_ If yes, what is PRD minimum \_\_\_\_ PRD limit \_\_\_\_

Safety \_\_\_\_ or Non- Safety \_\_\_\_

Accessories allowed with subsidy balance after boot purchase: YES \_\_\_\_ or NO \_\_\_\_

Accessories allowed with PRD: YES \_\_\_\_\_ or NO \_\_\_\_\_ If yes please specify below any restrsictions

a) All accessories \_\_\_\_\_ or Foot Related Accessories only \_\_\_\_\_

b) Are employees allowed to purchase another pair with just payroll deductions? YES \_\_\_\_\_ NO \_\_\_\_\_

Are employees allowed to purchase more than one pair with subsidy amount? YES \_\_\_\_\_ NO \_\_\_\_\_

Number of employees required to wear Safety Footwear: Total \_\_\_\_\_ : %of Women \_\_\_\_\_ %Men \_\_\_\_\_

Identification of eligible employees in store and on Shoemobile®: \_\_\_\_\_ Preloaded Company list

\_\_\_\_\_ PO numbers

\_\_\_\_\_ Vouchers

\_\_\_\_\_ Other

Tax Exempt: YES \_\_\_\_\_ NO \_\_\_\_\_ (please include copy of Tax Exemption form if YES)

Would you like to Request the Shoemobile® to your facility? : YES \_\_\_\_\_ NO \_\_\_\_\_

Please check any Specifications, special needs, or restrictions for employee footwear below:

NON-SAFETY \_\_\_\_\_

SAFETY \_\_\_\_\_

STEEL TOE ONLY \_\_\_\_\_

COMPOSITE TOE ONLY \_\_\_\_\_

SLIP RESISTANT \_\_\_\_\_

MET GUARD \_\_\_\_\_

OVER ANKLE \_\_\_\_\_

PUNCTURE RESISTANT \_\_\_\_\_

STATIC DISAPATTED (ESD OR SD) \_\_\_\_\_

ELECTRICAL HAZARD (EH) \_\_\_\_\_

HEAT RESISTANT \_\_\_\_\_

WATERPROOF \_\_\_\_\_

Any restrictions on the type/style of footwear? (I.e. pull on, athletic styles, slip on, etc....)

\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL INFORMATION NEEDED FOR PURCHASES: (please check all that apply)

Department \_\_\_\_\_ GL Code \_\_\_\_\_ Cost Center \_\_\_\_\_ Division \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_ ID# \_\_\_\_\_ OTHER \_\_\_\_\_

Additional

Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please include 3 credit references and W9 with these forms.**

**OFFICE USE ONLY: below this line**

Account Number: \_\_\_\_\_

Contract Code: \_\_\_\_\_

Shoemobile® date: \_\_\_\_\_

Account Setup Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_