

## PARTNER SET-UP FORM

**Corporate Name:** \_\_\_\_\_

**Billing Address**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Contacts**

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Use above email for: Invoices  Statements

**Shipping Location #1 (If more than 2 locations please attach)**

Store Name & #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Manager: \_\_\_\_\_

**\*Email:** \_\_\_\_\_ Manager Cell: \_\_\_\_\_

Use above email for: Order Acknowledgements  Invoices

**Shipping Location #2**

Store Name & #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Manager: \_\_\_\_\_

**\*Email:** \_\_\_\_\_ Manager Cell: \_\_\_\_\_

Use above email for: Order Acknowledgements  Invoices

For additional locations, please attach your store list with all information.



FOR ALL YOUR LUBE CENTER NEEDS

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