

DIRECT SALE/END USER CUSTOMER SET-UP

NOTE:

Functionality in this document is not available for mobile devices. You must download this form to a PC. To use this form you must have Acrobat Reader installed on your computer. You can download the most recent version of Acrobat Reader at https://get.adobe.com/reader/.

| Company Name: | | Date: |
|--|--|------------------|
| Street Address: | | |
| City: | State: | Zip Code: |
| Owner's Name: | | |
| Contact Person for Payment: | | |
| Contact Email Address for sales order/invoice sending: | | |
| Telephone #: | | |
| EIN/Tax ID Number: | | |
| Dun & Bradstreet Number: | | |
| Requested Credit Limit \$: OPW FMS will assign | a credit limit upon review if this field | is left blank. |
| Requested Payment Terms: | | |
| OPW FMS will assign payment terms upon review if this field is left blank | | |
| **Forms needed** please supply | | |
| Please attach Copy of W8 or W9 with this | Document. | |
| If Tax Exempt, attach copy of certificate & fill in info below: | | |
| Certificate#: Da | te of issue: | Expiration Date: |
| Click the button below to open the attachment pane to verify that your documents have successfuly been uploaded. | | |

When the form is completed, click the button below to submit the form to FMSOrders@doverfs.com.

DFS Worldwide Brands

