



New Account Application

3166 Main Avenue SE ~ Hickory, NC 28602 ~ www.robertabbey.com

Phone: 828.322.3480 / Fax: 828.328.1037

Date Prepared: _____

Resale License ID #: _____

Company Name: _____

Phone Number: _____ General Email: _____

Please fill in emails below if different from general email Please check this box if email is the same for all

Invoice Email: _____ Order Confirmation Email: _____

Promotions & Sales Email: _____ A/P Statement Email: _____

Billing Address: _____

number and street

city

state

zip code

Ship to Address Please check this box if same as billing address

Company Name: _____

Shipping Address: _____

number and street

city

state

zip code

Shipping Preference:

Prepaid Best/Cheapest

Fedex Ground

UPS Ground

Prepaid Preferred Freight Carrier: _____

3rd Party Billing: List Carrier: _____

Account #: _____

***LTL shipping companies charge for prior delivery notice, residential delivery addresses and if liftgate is needed**

***Prior notification not available for Fedex ground and UPS ground**

Appointment Required: Yes No Days Closed: _____

Warehouse Contact: _____

Phone: _____ Delivery Hours: _____

***Once you receive your order confirmation with ship by date, you can email or call to see what the amount for delivery notification, residential delivery, and liftgate will be for LTL Shipments.**



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Confidential Company Information

Number of years in business: _____

Expected Volume: *Monthly:* _____ *Annually:* _____

Business is:

Proprietorship

Partnership

Corporation

Terms Preferred:

Net 30 (please provide credit references on next page)

Pro Forma

Credit Card

Payment options:

Robert Abbey, Inc. gladly accepts Check, Visa, MasterCard and Amex

ACH Deposit (Banking info will be emailed with Invoice)

*Please check the box if you want ACH Deposit as your payment option.

Financial Officer to Contact Regarding Payments: _____

Phone Number: _____ Email: _____

Major Credit References

You MUST supply your account # with each reference and the fax # of the reference.

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Contact: _____

Account #: _____

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_____ Contact: _____

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