MASONS SUPPLY COMPANY

OREGON WASHINGTON

ACCOUNT MANAGER CUSTOMER ASSIGNMENT/SHIP TO SET UP FORM

REQUEST SUBMITTED BY
(YOUR NAME AND SALES NUMBER): _____

ACCOUNT NUMBER: _____ CUSTOMER NAME: _____

DATE OF REQUEST: _____ PROJECT VOLUME: _____

SALES REP SETUP INFORMATION (Check all boxes that apply)

RENTAL ☐

PRODUCT ☐

CUSTOMER MAIN ACCOUNT SALES REP ☐

_____ Sales Rep Name _____ Sales Rep No.

_____ Sales Rep Name _____ Sales Rep No.

_____ Sales Rep Name _____ Sales Rep No.

THE FOLLOWING INFORMATION ***MUST*** BE COMPLETED *(FOR JOB SHIP TO ONLY)*:

CUSTOMER JOB NUMBER: _____ JOB PHONE NO: _____

PROJECT SUPERVISOR (CONTACT): _____

JOB NAME: _____

JOB ADDRESS: _____

JOB CITY, STATE & ZIP CODE: _____

IF WASHINGTON JOB SITE: 4-DIGIT SALES TAX CODE: _____

APPROVED BY: _____ DATE: _____

ENTERED BY: _____ DATE: _____

CC: LARRY WORLEIN